PHYSI-

STATE OF MARYLAND
CERTIFICATE OF DEATH
Registration Dist. No. 333
Salver St.: 5 Ward) (If death occurred in a hospital or inetitution, give its NAME in steed of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  March 2 , 1931 . (Year)
that I ast saw heralive on Marche 7, 1923.
and that death occurred on the date stated above, at 315 Pem. The CAUSE OF DEATH * was as follows:
(Durstion) yrs mos 3 de
Secondary (Durstion) yrs mos de
(Signed) Ceccles 77 Brozer M. D. 1983/ (Address) Cales Program
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicids or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds
Where was disease contracted, if not st place of death?  Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL TY Parsons Cem. Man. 4, 181. 20 UNDERTAKER ADDRESS
Holloway & Co. Salisbury Md.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. . or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en-For many occupations a yrs). For persons who have no occupation without more precise specification as Day single word or term on Locomotive engineer; not gainfully em-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospical spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoña, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) Whooping approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronicetc. affection need not be valvular heart disease; Nomenclature The contributory Measles ;

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Whooping American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Always qualify all heart disease; not be

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CORD. Every item PHYSICIANS sho PERMANENT FOR BINDING UNFADING INK-THIS MARGIN RESERVED -WRITE PLAIN

V. S. Mo. 1

20. FILED Mar.

infor-

	F MARYLAND—	CERTIFICATE OF DEATH 03649
1. PLACE OF DEATH		101-0
County Wicomico		Registration Dist. No. 333
Village or City Sharpto	wn,	No. St., W  If death occurred in a horpital or institution, give its NAME instead of street and number)
		sds. How long in U.S. if of foreign birth?yrs,mos
2. FULL NAME Ruth G.	Rennett	
(a) Residence: No.		
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March 26 I 93.I93  (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	0.0	22. I HEREBY CERTIFY, That I attended deceased in Mar 2.5, 1931, to Mar 2.6, 193
6. DATE OF BIRTH (month, day, and year)	1930	I last saw her alive on May 25 193 / death is
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at
8	I6 l day,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc		Browning Indummin
10. Date deceased last worked at this occupation (month and	11. Total time (yeers) spant in this	
yaar)		Other Contributory Causes of importance:
(State or country)		-
I		
14. BIRTHPLACE (city or town) Shar (Stete or country)	prown	Name of operation Date of Was there en aulopsy?
15. MAIDEN NAME Edna Grav	enor	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Rive (Stata or country)		Accident, suicide, or homicida? Data of injury, 19
17. INFORMANT Clifton Benn (Address) Sharptown		Where did Injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sharptown		Manner of Injury
19. UNDERTAKER W.D.Graveno (Address) Sharptow		24. Was disease or Injury In any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

mary

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	1
The principal cause of death and related causes of importance were as follows:  Arterioselerosis  Chronic interstitial nephritis  Cerebral hemorrhage	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	Date of onset  1 week ago 1 week ago 3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

EVERY

	1PLACE OF DEATH	03650 STATE OF MARYLAND
	County Wicomies	CERTIFICATE OF DEATH
1	The state of the s	Registration Dist. No. 333
	Village or City Salesbury (No. Ten	0 6 10 4 4
9	vinage or City National (No.	unsulg Tend to Spelaf BWard) (If death occurred in a hospital or institu- tion, give its NAME ir
0	2 FULL NAME Harry black Britting	plan, Parsonsbug stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
201	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MOUNTS WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH March 27, 1981
2	6 DATE OF BIRTH	(Month) (Day) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from
5	march 1 1906	March 20 1931. 10 march 27, 1931.
	(Month) (Day) (Year)	that I last saw halive on, 192,
5	7 AGE [If LESS than	
0	30 yrs. — mos. 26 ds. or min.?	The CAUSE OF DEATH * was as follows:
V	a OCCUPATION (a) Trade, profession or	
	particular kind of work 10aufamiles	- The state of the
	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. J. ds,
1	which employed or (employer) More	Contributory
2	9 BIRTHPLACE (State or country)	Secondary (Duration) via most de-
	10 NAME OF	(Signed) January M. D. M. D.
	FATHER Southy R. Brillinghow	3/17 1925/ (Address) Helisty red
	OF FATHER  (State or country)	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	U 12 MAIDEN NAME OF MOTHER SOLO TI	Accidental, Suicidal or Homicidal.
	OF MOTHER ALEXE COLLECTION OF MOTHER ALEXE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	OF MOTHER (State or country)	At place of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mathy M Bullen Jame	Former or usual residence flatencher mod
		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Alsandon	Melson. ME. Cerretey March 29. 1991.
	Filed 2/2 7 1921 D. May Survey	The Hose word Will Pitter 16 and

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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S. No. 1

N. B

Village or City Classificate Particulars  Village or City Classificate Particulars  Personal, ND Statistical Particulars  Set a color or rage Sungle Construction of Statistical Particulars  (North District Corp.)  (North)  (North)  (Day)  (North)  (North)	PLACE OF DEATH	STATE OF MARYLAND
Village or City adda hard and a control of the cont	and the line	CERTIFICATE OF DEATH
Village or City Jallann Mod.  2FULL NAME  PERSONAL IND STATISTICAL PARTICULARS  PERSONAL IND STATISTICAL PARTICULARS  BEX  2 COLOR OR RACE  3 SEX  A COLOR OR RACE  3 MARRIED  MIDIOWED  MIDDOWN  MIDDOWN	County N & Drown	Parietystian Diet No. 333
FERSONAL , ND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE B SINGLE MARRIED. MARRIE	200 1110 120	. 01 . 0 1 5-13
PERSONAL NO STATISTICAL PARTICULARS  3 SEX  A COLOR OR RACE  S SINGLE WIDOWED WITCH TO WITCH TO THE BEST OF MY KNOWLEDGE  (Informant)  10 INAME OF DEATH  SIELES THAN  Company  Contributory Secondary  PATHER  OF MOTHER  OF MOTHER  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Address)  15 Filed Meeh   1923  A. Mary Ammuni Registran  MEDICAL CERTIFICATE OF DEATH  MEDICAL CERTIFICATE OF DEATH  IS DATE OF DEATH  IS	Village or City I allabrang (Mc). 1	1. Ward Marth occurred i
PERSONAL / ND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  Wilder  Wilder  Wilder  Wilder  Wilder  (Month)  (Day)  (Year  (Month)  (Day)  (Year)  (Month)  (Month)  (Day)  (Year)  (Month)  (Month)  (Day)  (Year)  (Month)  (Month)  (Month)  (Day)  (Year)  (Month)  (Month)  (Month)  (Month)  (Day)  (Year)  (Month)  (Month)  (Month)  (Day)  (Year)  (Month)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Day)  (Year)  (Month)  (Month)  (Day)  (Year)  (Month)  (	C.O (12 - in.	tion, give its NAME is
16 DATE OF BIRTH  (Nonth) (Day) (Year)  (Nonth) (Day) (Parison)  (Nonth) (Day) (Parison)  (Nonth) (Day) (Parison)  (Nonth) (Par	2FULL NAME / PULLY 13 POST W	Bround - Man Herper Mg
16 DATE OF BIRTH  (Nonth) (Day) (Year)  (Nonth) (Day) (Parison)  (Nonth) (Day) (Parison)  (Nonth) (Day) (Parison)  (Nonth) (Par	PERSONAL IND STATISTICAL PARTICULARS	MEDICAL CEREIEICATE OF DEATH
MARRIED, WIDOWED CED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)  (Month) (Day) (Parker)  (M		
OR DIVORCED (Write the word)  FOR DIVORCED (Write the word)  THEREBY CERTIFY, That I attended the deceased from the date attended the dece	MARRIED, WINGE	16 DATE OF DEATH 3 - 15-
THEREBY CERTIFY, That I attended the deceased from 1920 that I last saw h institutions, Team and that death occurred on the date attated above, at 1920 that I last saw h institution in the CAUSE OF DEATH * was an follows:    Contributory	OR DIVORCED	(Menth) (Day) (Year)
(Month) (Day) (Year  (Month) (Day) (Year  TAGE    If LESS than and that death occured on the date stated above, at 1922   1922		17 I HEREBY CERTIFY, That I attended the deceased from
TAGE    If LESS than	In Benous.	2-26 1923 to 5 10 , 1925
TAGE    IFLESS than   day hrs.   mos.   da or nuin.?	(Nonth) (Day) (Year	that I last saw h malive on 3 - 10 - 1923
8 decupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed r (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF FATHER  (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Mech 1/1933   May James 1  Registral  15 Filed Mech 1/1933   May James 1  Registral  16 CAUSE OR DEATH * was a follows:  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Duration)  (Address)  (Duration)  (Duration)  (Address)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Magnase Causing Death, or, in deaths from Violenta Quasing Dea		and that death occured on the date stated above, at
B GCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer)  BIRTHPLACE (state or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE (State or country)  2 MAJDEN NAME OF FATHER (State or country)  12 MAJDEN NAME OF FATHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)   A A A A A A A A A A A A A A A A A A		The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed cr (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  15 Filed Mech / 1923   T. May Jamus Registral  15 Filed Mech / 1923   T. May Jamus Registral  15 Filed Mech / 1923   T. May Jamus Registral  (ADDRESS ADDRESS ADDRE		acy to affender his
particular kind of work  (b) General nature of industry business, or establishment in which employed (r (employer)  BIRTHPLACE (State or country)  11 BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  At place (Informant)  (Address)  At place OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  At place OF BURIAL OR REMOVAL  (Address)  DATE OF BURIAL  (Address)  DATE OF BURIAL  (Address)  DATE OF BURIAL  ADDRESS  A		Testemotes
business, or establishment in which employed a r (employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF WISHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  Action of Mother (State or country)  15 Filed Mech 1/19231 At May Manuel  Registra:  May Muller Bundler  (Duration)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Address)  (Address)  (Address)  Accidental, Suicidal or Homicidal.  (Betts or Recent Residents)  At place of death)  (Informant)  (Address)  Application  (Informant)  (Informant)  (Address)  Address		
Secondary  Contributory  Secondary  Contributo		16
Secondary  Secondary  Secondary  Duration  Duration  Secondary  Duration  Duration  Secondary  Duration  Duration  M. I  IONAME OF FATHER  OF FATHER  (State or country)  IONAME OF FATHER  (State or country)  INDICATE OF BURIAL OR REMOVAL  INDICATE OF BURIAL  I		(Duration) yre, mos. J. P d
10 NAME OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or country)  13 BIRTHPLACE  OF MOTHER  (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Ad		
II BIRTHPLACE OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Address)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Address)  (Informant)  (Address)  (Informant)  (Address)  (Informant)  (Address)  (Informant)	(State or country)	Duration) yrspyssd
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (A		(Signed)
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Ad		B+17 21 - 1
12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)	0	
12 MAIDEN NAME OF MOTHER OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Informant)  (Address)  (Address)	Z (State or country)	Violent Caus s, state (1) Means of Injury and (2) whether
ients or Recent Residents)  At place of death yrs mos. O ds. State yrs fine of death.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Ash tell fleened (Informant) All for the first fleened (Address) All for fleened (Address) Address (Address (Address) Address (Address	IL 12 MAIDEN NAME	
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) / State Means (Informant) / St		ients or Recent Residents)
(Informant) / Where was disease contracted, if not at place of death?  (Informant) / Where was disease contracted, if not at place of death?  (Informant) / Where was disease contracted, if not at place of death?  Former or usual residence.  (Address) / Allshy / May Jumes  (Address) / Sellshy / May Jumes  (Address) / Sellshy / May Jumes  (Address) / Registral  (Address) / Sellshy / May Jumes  (Address) / Mass ( Furnell / Mass / Mans / Mass		At place of death yrs mos. 6 ds. State yrs that
(Informant) / 19231, V. May Turner Of BURIAL OR REMOVAL DATE OF BURIAL  (Address) Salarhy Sund.  20 UNDERTAKER Registral  (Mas G. Purnell Fundle)		Where was disease contracted,
(Informant) / State / Lewis usual residence us	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Address) Valerby Sud.  (Address) Valerby Sud.  Is Filed Meh 1/19231, V. May Turner Clas G. Purnell Frankell	(Informant) fort telleurds	usual residence
15 Filed Mich 1/ 19231, A. May Turner Clas G. Purnell Jung Hell	1015	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Meh 17 19231, V. May June Clas G. Furnell June Vell	(Address) Vallymy May	1011
Registras Mas y . Vinner Tomoster		
If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	Registrai	Mas 4. Vunell from Hell
	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

0365

(Approved by U. S. Census and American Public Health Association.)

en at home, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient; e.g. Farmer or Planter, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etr., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a shifte word of term onor At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomwhooping eaugh; Chronic valvular heart disease, inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping caugh; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by . Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid -- probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMAN V TH UNFADING INK--THIS IS WRITE PLA ż I

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Westernson	CERTIFICATE OF DEATH
	Registration Dist. No. 337
Castespeels	
Village or City (No. (No.	St: Ward) (If death occurred in a hospital or Institu-
1 1 0 0 1	tion, give its NAME in- stead of street and
2FULL NAME PARIS 6: 13 1100	AS number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	15 DATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED MARRIED	J. 1925
male (Mrite the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That attended the deceased from
7 183	Jet 1925 ( to Marle 5 , 1925 )
(Month) (Day) (Year)	that I last saw h alive on Man, 1925,
7 AGE   If LESS than	and that death occurred on the date stated above, at
70 7 7 1 dayhrs.	The CAUSE OF DEATH * was as follows:
//yrsmosds. ormin.?	Tota Vileunoney
(a) Trade, profession or	
particular kind of work	
(b) General nature of industry husiness, or establishment in	9
which employed or (employer)	(Durstion)mosde.
9 BIRTHPLACE	Contributory Secondary
(State or country)	(Duration)mrsmosds.
10 NAME OF FATHER	(Signed) Nalle Field M. D.
wm, wrooks	3-5 193/ (Address) Martinkay
of Father	
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C 12 MAIDEN NAME OF MOTHER MALE MARGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER 11	At place of deathmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Mas James Brooks	usual residence
1 1 1 110	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Jesserwise Will	Jesteville Nel mars 4, 19.3/
Filed Marl 5 1931 OP. Worlford Watte	Mrs led Massick & Some Biralre M
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (ne state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. Housemaid, etc. If the occupation has been changed ployed, as Al school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only Foreman, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (not paid Housekeepers who receive a single word or term on

Statement of Cause of Death—Name, first, the Discernation of Cause of Death—Name, first, the Discernation of Cause of Death—Name, first, the Discernation of Cause of the primary affection with respect to time and causation), using always the same accept of the term for the same disease. Examples: Cerebro-pivol fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." approved by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is lcss definite; avoid resulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease affection need not be etc. The valvular heart disease; Nomenclature contributory Measles;

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Nanager," "Deal-(a) Foreman, (b) Automobile foctory. The material worked on may form part of the second statement. etc., report specifically the occupations of persons en-For many occupations a single word or term on especially in industrial employments, it is necesyrs). Form laborer, Laborer-Cool minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tetonus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephrilis, use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. valvular heart disease; Nomenclature The contributory Measles;

If this certificate is looked over thoroughly and all questions answered in detail the will prevent further correspondence. All the data is essential and must be before the certificate is permanently ded.



PLACE OF DEATH	STATE OF MARYLAND
County Hicomics	CERTIFICATE OF DEATH
2.1	Registration Dist. No. 333
11.1 8.0.#	4
Village or City Whitey (No. 1	St.: O Ward) (If death occurred in a hospitsi or institu
W. Comerce Person	tion, give its NAME in stead of strest and number.
<sup>2</sup> FULL NAME	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED,	16 DATE OF DEATH May 21 1031
OR DIVORCED	, 190
	(Month) (Day) (Year) (Y
6 DATE OF BIRTH	
1703	
	that 1 last saw halive on, 192
	and that death occurred on the date stated above, at
	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or	ha show and melined infinis
	factory automobile account un
business, or establishment in	Parkey Island, Wilming County
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Marylana	(Durstion)de
FATHER Place 17 Place thereas	(Signad) S. 72 While courses M. D
11 BIRTHPLACE	march 25 193/ (Address) Salistry mcf
of FATHER M	*State the Disease Causing Death, or, in desths from Vlolent Causes, state (1) Means of Injury and (2) Whether
ш	Accidental, Suicidal or Homicidal.
of MOTHER Jarah Malone	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	isnts or Recent Residents) At place
OF MOTHER (State on Country) (State on Country)	At place of deathyrsmosds. In the Stateyrsmosds
	Where was disease contracted, if not at place of death?
c1 1201++	Former or
(Informational fr. Challeman	usual residence
ReD. #4 Salahan Manilana	B FLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Victors)	Miconico fremonogyman. 20, 13)
15 Filed 3/2 1/ 1831 (1. Man Filerner)	20 WINDERTAKER TOUR CompaDDRESS
Registrar	Miloway + Co. Salistry Hy
If more bianks are needed address State Registrar	, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.
	Village or City Sabebay (No. R.D. # PERSONAL AND STATISTICAL PARTICULARS  3 SEX

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection withrespect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> ntic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Committee on Chronic and consequences (e. g., sepsis, etc. valvular Nomenclature of the The heart contributory disease;

permanently filed. If this certificate is looked over thoroughly and all questions wered in detail, it will prevent further correspondence. All the

	1PLACE OF DEATH	(1365) STATE OF MARYLAND
	County Vicomica	CERTIFICATE OF DEATH
	A second section of the second	Registration Dist. No. 337
	The state was	At tenth accounted in
	Village or City Lumbico MV (No.	St.: Ward) a hospital or institu- tion, give its NAME In-
5	2FULL NAME Lettie Chur	stead of street and number.)
	-I OLL MAND	
5	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH 3 - 2 7 1003 1
5	Temale Col (Write the word)	(Mark) (Day) (Very)
2	6 DATE OF BIRTH	(Month) (Day) (Year) (Year) (17 I HEREBY CERTIFY, That I attended the deceased from
	Feb. 18 . 193/	192 / /to, 192,
	(Month) (Day) (Year)	that I last saw to martelone unded, 192,
	7 AGE	and that death occurred on the date stated above, at
	/ 9   l dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsds. ormin.?	Dead when I
B	8 OCCUPATION (a) Trade, profession or	and the state
3	particular kind of work (b) General nature of industry	- And Anderson
1	business, or establishment in	(Durstion)yrsmosds.
5	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary (Durstion)yrsmosds.
	10 NAME OF	D 1000 - 2000
2	FATHER Stankie Sunch	7 1 4
0	OF FATHER	3 - 192 (Address) Attitude 1 192 (Address) State the Disease Causing Death or in deaths from
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER O	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE	ients or Recent Residents)
3	OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
2	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
2	().1 ()! -1/	Former or usual residence
	(Informant) January Juneary	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) /	Que - 1, av mar/28, 1931
	15 7001/22 2. (P7/ 11 Matt	20 UNDERTAKER ADDRESS
	Filed / WW / 192   1. World from Registrar	Jane Physical Vyantics My
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery; (a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (re-L to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken whatever, write None. especially in industrial employments, it is neces-For many occupations a or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Doy single word or term on

Statement of Cause of Death—Name, first, the Distlease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted the term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospical spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railmoy train-"Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, etc. valvular heart Nomenclature The contributory Measles; disease;

1	PLACE OF DEATH	63656 STATE OF MARYLAND
	County Monus	CERTIFICATE OF DEATH
		(31) Registration Dist. No. 23
	Village or City Nelwow (No.	St.: 5 Ward) (If death occurred in a hospital or Institu-
	2FULL NAME THERY Clay Con	NAW THE stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Male Thile SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  MALL   S   198    (Month) (Day) (Year)
	6 DATE OF BIRTH  (Month) (Day) (Year)	That I last saw h we alive on Mar 1871,
		and that death occurred on the date stated above, at
	7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH * was as follows:
	byrsds. ormin.?	Ullite Unice
	a occupation (a) Trade, profession or Medical - doctor particular kind of work	
	(b) General nature of industry	
100	business, or establishment in which employed or (employer)	Duration) West Moss Market
No.	9 BIRTHPLACE (State or country) Mausland	Contributory Secondary  Duraign)  yrs
	FATHER MERLY Clay Consaway I	(Signed) 193 (Address) Malely Ry
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (12 MAIDEN NAME)	State the Disease Csusing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother anil! Juiller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)  Mauslas	At place In the of death yrs mos ds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Mus. N. C. Conseway	Former or usual residence
	(Address) Theway, M.	Taison Cenelley, Salisbury 3/11/3/19
5	15 Filed Mch 2 1928/ Mrs J m Walluce Registrar	20, UNDERTAKER PLAN CO. Jaliahung M.
	If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Womnot gainfully em-(b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect) to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospitally editer (the only definite synonym is "Epidemic cerebrospitally spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need etc. valvular heart disease; Nomenclature of the Always qualify all The contributory not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N B

PLACE OF DEATH	03657	STATE OF M	IARYLAND
County Willowice	(31)	CERTIFICATE	OF DEATH
10. 5		Registration D	ist. No. 333
Village or City resultan of (No.		St.: /6 Ward)	(If denth occurred in
2 FULL NAME Consider Crist	ield		a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	1	CAL CERTIFICATE O	F DEATH.
3 SEX 4 COLOR OR RACE 5 SINGLE, Widow	16 DATE OF DEATH	- Xni -	23 1931
WIDOWED, OR DIVORCED		juice	77 130
Jemale U. G. (Write the word)	17 I HEREB	Y CERTIFY, That 1 at	-(Day) (Year)
DATE OF BIRTH	June	20 193 Dr. 10	11443-1001
(Month) (Day) (Year)	that last saw he	alive on	3/18 153/
7 AGE alcaul   If LESS than	and that death occu	ired on the date stated a	bove, atnı.
Lu FA	The CAUSE OF DEA	TH * was as followe:	
64 DV yrs. O mos. O ds. or min.?	for fine	Just 11	10 2
(a) Trade, profession or particular kind of work	Jun		funda
(b) General nature of industry		***************************************	
business, or establishment in which employed or (employer)		(Duration)	yra da.
9 BIRTHPLACE	Contributory Secondary		
(State or country)	Secondary	(Duration)	100 de
10 NAME OF 1 9	(Signed)	1/7	1 Jan M. D.
I BIRTHE Alm Ankford	175 103	1 (Address) Jul	when mil
11 07 5	*State the I	Disease Causing Death, tate (1) Means of Inj	or, in deaths form
OF FATHER  (State or country)  12 MAIDEN NAME  (12 MAIDEN NAME  (13 MAIDEN NAME  (14 MAIDEN NAME  (15 MAIDEN NAME  (16 MAIDEN NAME  (17 MAIDEN NAME  (18 MAIDEN	Violent Causes, a	tate (1) Means of Inj or Homicidal.	ury and (2) whether
OF MOTHER Leaf Drivelld		ESIDENCE (For Hospit.	als, Institutions, Trans-
13 BIRTHPLACE	ients or Recent R	esidents)	
OF MOTHER (State or county)	of death yrs	mosds. State	y18 mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of dea	tracted, ith?	
as He of land	Former or usual residence		
(Informant)/ florella Unilory	19 PLACE OF BURIA	L OR REMOVAL	DATE OF BURIAL
(Address) Jr willond Mid	Places H	Il folm nd h	Mar 25, 1931
15 Filed 3/25 1931 (1. Man Juruer	20 ONDERT KER		DDRESS
Registra	THI New	orl &	alishung 70
If more blanks are needed, address State Registra	, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

RECEIVED
APR 4 1931

BUREAU V.S.

PLACE OF DEATH	STATE OF MARYLAND
County Machine	CERTIFICATE OF DEATH Registration Dist. No. 3.34
Village or City Delmar (No	St.: Ward)  St.: Ward)  (If death occurred a hospital or institution, give its NAME i stead of atreet ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale 1 4 COLOR OR RACE   5 SINGLE, MARRIED, MIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 192/ , 192/ , 192/
G DATE OF BIRTH  July 28, 1895	17 HEREBY CERTIFY, That I attended the deceased from 1923 (, to 1987)
7 AGE (Month) (Day) (Year)  7 AGE     If LESS that   I day   hrs	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or A Home (b) General nature of industry	Impremby of Mysi
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Company Grand Gra
10 NAME OF FATHER Walter & Himmon	(Signed) M. I.  (Signed) M. I.  (Signed) M. I.  (Address) D. M. M. I.
OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Debettal Dyl	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) // Sugar (Address) Delman Del	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Orisfuls Con. Orisfuls his Mar. 3, , 193/
15 Filed 3/2/ 1921 W. T. Dung. Registrar	20 UNBERTAKER MALL S. Maril Lelman, Del

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war-laharer, Farm laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. whatever, write Nonc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer--Coal minc, etc. Wom-Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) Whooping use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, (Recommendations on statement of cause of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of etc. affection need not be valvular heart Always qualify all The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every nem of infor-TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH

MARGIN RESERVED FOR BINDING

				OF MAR	RYLAND—	CERTIFICATE OF DEATH 03659
1	1. PLACE OF DEATH  County Wicomico,					33)
	Vil	lage or City	Mardels	A.,	D. (1	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
						ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FU	LL NAME	Learoy	Dashi	elds	
	(a)	Residence: No				St., Ward.
				(Usual plac		If nonresident give city or town and State
-		ERSONAL AN				MEDICAL CERTIFICATE OF DEATH
3.	sex Mal		OR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month) r I8(0ay) I93 I, 193.  (Year)
5a.	HUSE	ried, widowed, or div BANO of WIFE of	orced			22.   HEREBY CERTIFY, Thet I attended deceased from
	DATE	E DIDTH (manth de		.Tu lv	07 7000	Hast saw h elive on 2001 12 1931; death is said
	AGE	F BIRTH (month, da Yeers	Months	Days	23 T907	to have occurred on the date stated above, et 530Pm.
		23	7	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
NO	8. Tr	8. Trade, profession, or particular kind of work done, as SPINNER, Nothing SAWYER, BOOKKEEPER, etc.				Date of onset
CCUPATION	9. In	dustry or business i work was done, es SAW MILL, BANK,	n which SILK MILL.	Nothi	ng	Tin 1
000	10. 0	this occupation (mo	orked et onth and	I1. Total	time (years) ent in this cupation	<i>p</i>
12	, BIRTH	PLACE (city or town tate or country)	)#-i-© (	mico-Co	)	Other Contributory Language of importance:
ER	13. N/	AME John	W.Dash	ields		
FATHER	14. BI	RTHPLACE (city or t (State or country)	own)Mal	rdala		Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
ER	15. M	AIOEN NAME	mma Wal	ler		23. If death wes due to external causes (VIOLENCE) fill in also the following:
MOTH	15. MAIOEN NAME Emma Waller  16. BIRTHPLACE (city or town) Mardela  (State or country)					Accident, suicide, or homicide?
17. INFORMANT John W. Dashields (Address) Mardela, Md					(Specify city or town, county and State) Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
18	18. BURIAL, CREMATION, OR REMOVAL					Menner of injury
	Place John Waslay Chureth Mar20 1981				r20 I98I	Neture of injury
19		RTAKER W.D.	Graveno		)	24. Was disease or injury in any way related to occupation of deceased? 240
20	20. FILED 2/20 , 131 Jun Cellinham Registrar.				Registrar	(Signed) Ito Thehlugan M. D.  (Address) Sharptown Just.
4			76	hlanks are moded	address State Registrer	DATE N. Charles Sweet Relationage Requesting 91 No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and of importance were as follows:  Arteriosclerosis	related causes Date of	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	19.	21	Run over by street car	1 week age	
Cerebral hemorrhage	RIEAU V. SJuly5	5,1927	Peritonitis	3 days ago	
Other contributory causes of imp	portance:		Other contributory causes of importance:		
Gallstones		1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLACE OF DEATH

STATE OF MARY CERTIFICATE

Registration Dist. No.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and

number.) MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY, That I serended the decease and that death occured on the date stated above, at ...... Causing Death, or, in Violent Causes, state (1) Means of Injury and 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State .... yis ..... mos .... DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of the first line will be sufficient, e.g., Farmer or Planter, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physicion, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary firman, etc. But in many should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Spinner, worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Dealwork, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a gaged in domestic service for wages, as Servant, Cook state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons entired 6 yrs). business, that fact may be indicated thus; Former (rewhatever, write None. Foremon, (b) Automobile factory. The For many occupations a single word or term on Farm laborer, Inborer-Coal mine, etc. (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation not gainfully em-(b) inaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "orders pind ed term for the same disease. Examples: "replace certificity is inal meningitis"); Diphtheria (avoid use of "Croub"); Implicit forer (never report "Typhoid Pneumonia"); Lobar pheumonia, Bronchopneumonia ("Pneumonia");

inges, perilondeum, etc., Carcinoma, Sarcona, etc., of . . . . . . . (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menstated unless important. use of "Tumor" for malignant neopiasms); Meusles; (secondary Whooping cough; Chronic Chronic interstitud nephritis, tions, such as "Asthenia," "Anaemia" (merely symptom-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, causing "Exhaustion," "Heart lattire, "Shock," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "PHERPERAL reptionemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underaccident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainas fracture of skull, and consequences (e.g., sepsis, approved by Committee on (Recommendations on statement of cause of death American Medical Association. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY or intereurrent) affection need Chronic valudar heart Example: Measles (disease etc. The Nomenclature Always qualify all eontributory disense; not be

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(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAC INC DEATH, gaged in domestic service for wages, as Servent. Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not rainfully emdefinite salary), may be entered as House wife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Cast mine, etc. Womer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is needs Civil engineer, Stationary firemen, etc. tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesenpation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on But in many The material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Example: Constrought fever (the only definite synonym is "Epidemic on brospinal meningitis"); Diphtheria (av id ass of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

bead Nomenclature of the American Medical Association.) symptomatic), "Atrophy," "Collapse," "Coma," use of "Tumor" for malignant neoplasms); Meastes; nuges, peritonucum, etc., Curcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," ctc., when a definite disease rhage," "Inaultion," "Marasmus," "Old Age," "Shock," vulsions," conditions. ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. thre of the injury, as fracture of skull, and conse-State cause "Dropsy." "Exhaustion," "Heart failure." "Haemor-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," "Anaemia" Accidental drowning; Struck by railway for which surgical operation was under-(Recommendations on state-Example: Meastes (disease (seeondterminal (merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1

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OR BINDING	A PERMAN T CORD	ACE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact
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PLACE	OF	DEATH
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#### 036 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 330

Vill		Athol L NAME Eli		St.: Ward	(If death occurred in a hospitel or institu- tion, give its NAME in- stead of street and number.)	
	PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH	
-	Female	4 COLOR OR RACE White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month)	2, 19 <b>\$1</b> (Day)(Year)	
6 [	ATE OF BIR		(Day) , 1864 (Year)	17 I HEREBY CERTIFY, That I att	ended the deceased from , 192,	
7 /	AGE	66 yrs. 8	If LESS than I day hrs. nos. 16 ds. or min.?	The CAUSE OF DEATH * was as follows:		
F ()	b) General n	d of work	usework	Paralysis  (Durstion)  Contributory Secondary	ytede.	
ENTS	10 NAME C FATHER 11 BIRTHPL OF FATH (State o	Md.  William E  ACE IER r country) Md.	lliott	(Signed) 192 (Address)	or, in deaths from njury and (2) Whether	
12 MAIDEN NAME OF MOTHER Alsie Godford  13 BIRTHPLACE OF MOTHER (State or Country)			aford	18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)  At place of deathyrsmosds.	e neyremosds.	
14	(Informant	John F.	T of MY KNOWLEDGE  Hatten  R.D. #2	if not at place of death?	DATE OF BURIAL Mar. 3, 19 31	
15	Filed 3	3/3/31 192 J	no. A. Armstrong	W.D. Gravenor & Bro.	Sharptown	

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ener," etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of nead—howards, Prisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsion, telanus) may be stated under the nead of "contributory." diseases resulting from childbirth of miserriage as "Puerperal septicaemia," "Puerperal of the itis," etc. State cause for which surpical of extrem was under-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such taken. For violent peaths wate means of indication and qualify as acorden all suicidal, suicidal "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of ""Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) approved by Committee on or as probably such it is in possible to determine definition of the such that the suc can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death cough; Chronic valvular heart Nomenclature of the Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County///com Registration Dist. No. ciassifi (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH B SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. DIVORCED (Month) .....(Day) .... HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH (Day) (Year) (Month) \_\_\_\_\_\_, ilfLESS than 7 AGE and that death occurred on the date stated above, at ...... I day hrs. The CAUSE OF DEATH \* was as follows: or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in ....(Durstion) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) 10 NAME OF (Signed). FATHER (Address) 11 BIRTHPLACE OF FATHER \*State the Disease Causing Death, or, in FNH Violent Causes, state (1) Means of Injury and (2) Whether (State or country) 3 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME AS LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER 90 ients or Recent Residents) 13 BIRTHPLACE In the State At place of death \_\_\_\_yrs.\_\_/\_\_mos. 3 OF MOTHER Where was disease contracted, if not at place of death? Former or usual residence... Address Filed If more branks are needed, address Stato Registrar, 16 W. Saratoga St., Salto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fremon, etc. But in many Physician, Compositor, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statcment. Never return "Laborer," "Foreman," "Manager," "Deal-" etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, especially in industrial employments, it is necesyrs). Form laborer, Laborerwithout more precise specification as Doy For persons who have no occupation Architect, Locomotive engineer, -Coal mine, etc. Womnot gainfully em-6 Grocery,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospized fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic ocid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Chronic etc. The contributory valvular heart discose; Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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PLACE County Wicomico

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

WITHIN OUR PREATE LANGUAGE	Registration Dist. No.
Village or City Salisbury Ind. (No. Pen. Gene 2FULL NAME Lillian Graham - R	
2FULL NAME dillan graham	Mucho Muse Mighber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. MARRIED. OR DIVORCED (Write the word)	16 DATE OF DEATH MANN 9 , 1931
6 DATE OF BIRTH (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from 1984. to 9, 1924, that I last saw h & alive on march 9, 1931,
7 AGE [IfLESS than	and that death occured on the date stated above, at 4:50 Pm.
27 yrsmosds. ormin.?	The CAUSE OF DEATH * WED as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed cr (employer)  9 BIRTHPLACE (State or country)  M aryland	(Duration) yrs, mos ds.  Contributory Secondary  (Duration) yrs, mos ds.
10 NAME OF FATHER Charles C. Dyfield,	(Signed) Color Francisco M. D. 3/9 1921 (Address) Deslerburg M. D.
OF FATHER  (State or country)	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Que Toylor.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. 20 ds In the State yrs mos ds.
(Informant) Pen Gen ytospital	if not at place of death?  Former or usual residence.
(Address) Salisbury md	19 PLACE OF BURIAL OR REMOVAL  Hults Clapel Com.  May 10, 19 3.
15 Filed Mich 9 1931. & May June.	ADDRESS ADDRESS

If more b.anks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health. whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile or At Home, and children, For many occupations a single word or term on-Farm laborer, For persons who have no occupation Laborerfactory. The material -Coal mine, etc. not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISA EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphulfewor (the only definite synonym is "Epidemic cerebrogram meningitis"); Diphtheria (avoid use of "Croup?"); Spinul meningitis"); Diphtheria (avoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Iranition," "Weakness," etc., when a definite disease "Iraemia," "Weakness," etc., always qualify all stated unless important. Example: Measles (disease approved (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Meart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonacum, etc., Carcinoma, Sarcoma,, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by or intercurrent) Committee on Chronic etc. The contributory affection valvular heart Nomenclature need disease; not be etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the cartificate is permanently filed.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03665
1. PLACE OF DEATH	(82-0)
County Meories	Registration Dist. No. 330
Village or City Mandela	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
12 10. AT 12 1	ds. How long in c. c. ii of foleign bilen:
(a) Residence: No. Maire	am
(a) Residence: No. / Marce (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word)	21. DATE OF DEATH Max 7 (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of United May Graham	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) AEE 23. 1853	I last saw house elive on Taxon 6 195 / death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated above, atm.
9 77 W 12 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Newborkye Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked et this occupation (month and year) 143/ spant in this occupation 36450	
12. BIRTHPLACE (city or town) Masdela	Other Contributory Causes of Importance:
13. NAME LOEVIN Français	
ma	Name of acception
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of Was there an aulopsyld
15. MAIDEN NAME Sallie Desmet	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19,
(State or couplry)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Americans Trahaman (Address) Mardela. Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
8. BURIAL, CREMATION, OR DEMOVAL	Manner of injury
Place Mardela Date Mar 9, 123/	Nature of injury
19. UNDERTAKER J. A. Fravescov Thiso (Address) Blaschlown mo.	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED 19 184 (Million Group)	(Signed) J.D. J. M. D. M. D.
219 31 (Jan 1/16)	7/11/2011/11/11/11/11

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home hothework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample CEIVE	CO	Example II	
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	BUREAU V.	5 1931	Run over by street car	1 week ago
Cerebral hemorrhage	BOB.DEC 7.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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S. No. 1

PLACE OF	
County Wicon	nias
county // LOO	ruco

03666

#### STATE OF MARYLAND CERTIFICATE OF DEATH

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0/2/11	Registration D	/18t. IVO
illage or City Willarde, man.	St.: Ward)	(If death occurred a hospital or instit

0170 1 17

in stead of street and

2FULL NAME (Julians Farrell Moich	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Maite Single, Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  March 23, 193/  (Month) (Day) (Year)
7 AGE  26 , 1930 (Month) (Day) (Year)  7 AGE  27   If LESS than   day hrs. or min.?	that I last saw h and alive on the date stated above, at 1 me.  The CAUSE OF DEATH * was as follows:
S OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  Md	(Duration)  Contributory Secondary  (Duration)  yrs.  mos.  (Duration)  yrs.  mos.  ds.
11 BIRTHPLACE OF FATHER  (State or country)  10 NAME OF FATHER  (State or country)  Md,	(Signed). Avelen M. D. May 23 1931 (Address) Blaken M. D. *State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Md	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traine, ients or Recent Residents)  At place of death yrs death ds.  Where was disease contracted,
(Informant) Sloyd Hockman  (Address) Willard. Ind.  15 Filed May 23 1981 Lough J. J.	if not at place of dea.h?  Former or usual residence
Registrar	Mm. Hound Wells. Titterle mg.

If more branks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook. Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons e Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (b) Grocery;

Strtement of Cause of Death—Name, first, the DISTEAS:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tellinus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing stited unless important. Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), cough; Chronic valvular heart Always qualify all not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND County CERTIFICATE OF DEATH Registration Dista No. ciass (If death occurred in a hospital or institucertificate tion, give its NAME is stend of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE, 3 SEX 16 DATE OF DEATH MARRIED. 90 may be WIDOWED. BINDIN OR DIVORCED chould (Write the word) (Month) ...(Dav) 6 DATE OF BIRTH I HEREBY CERTIFY. That I attended the deceased from it o (0) at n terms so that See instruction 121 (Month) (Day) (Year) 7 AGE IIf LESS than and that death occurred on the date stated above, at I day hrs. upplied The CAUSE OF DEATH \* was as follows: ds. or B OCCUPATION (a) Trade, profession or ESER particular kind of work piair important. (b) General nature of industry business, or establishment in 2 (Durstion) which employed or (employer) Cal Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) DO OM OB 10 NAME OF (Signed). FATHER O 11 BIRTHPLACE (Address) **©Ш** USE OF FATHER Disease Causing Death, or, in \*State the (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Y T Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0: OF MOTHER WAY 4 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-D 1. ients or Recent Residents) etct CCU 13 BIRTHPLACE At place In the OF MOTHER of death (State or Country) 00 Where was disease contracted houl 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place of dea h? etatement Former or usual res.dence. 19 PLACE OF BURIAL OR REMOVAL Ver 20 UNDERTAKER If more banks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Lequesting V. S. Ivo/1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Physician, Compositor, Architect, Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise\_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros. inal menin\_itis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopzeumonia ("Pneumonia,"

Water Sty women

as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJU.; Y State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) affection need Chronic valvular heart disease; etc. The contributory " Shock," not be

STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH 13, 193/.  (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw how alive on MUCH 8 , 1927
and that death occurred on the date stated above, atm,
The CAUSE OF DEATH * was as follows:
Man Regueration
***************************************
(Durstion) vrs. mos. ds.
Contributory Secondary
(Durstion)ds.
(Signed) (M. D. M.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
ients or Recent Residents)
At place In the of death yrs mos. ds. State yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence
19 ALACE OF BURIAL OR REMOVALE A DATE OF BURIAL
flus on Comeley Salechen 3/15/31. 19
29 UNDERTAKER ADDRESS ADDRESS ADDRESS ARESHAW, M

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farpier (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The materia 6 Grocery

Statement of Cause of Death—Name, first, the Drsease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synonym is "Epidemic cetebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia."); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaenia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need Whooping approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart not be disease;

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RE

		03669
( = 5	PLACE OF DEATH	STATE OF MARYLAND
1	County Milomilo	CERTIFICATE OF DEATH
200		Registration Dist. No. 393
CORD EXACTLY, It classified.	Village or City Sales Lung (No. Terrisale	Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
stated properly of certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SK SE	3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Mach 16, 1851.  (Month) (Day) (Year)
BIND PERM shoul tit ma	6 DATE OF BIRTH  March 75, 1931.	17 I HEREBY CERTIFY, That I attended the deceased from Much 25 1981 to Much 26 , 1921, that I lest saw h 4 aliva on Much 26 , 1927,
IS A So the uction	7 AGE If LESS than 1 day hrs.	and that death occurred on the date stated above, at
KTF Supplin tern See in	a OCCUPATION (a) Trade, profession or particular kind of work	Jamelin bril
RESENG IN In pla	(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yre,de,
ADI ATH	9 BIRTHPLACE (State or country) Many last	Contributory Secondary  (Durstion)  yrs, mos. ds.
MARCH UNF	10 NAME OF Julas & M. Mucon	(Signed) M. D. M.
Ion sl	OF FATHER (State or country) Mulaware)	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ormati	of MOTHER MUMBER 6. Starger	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
oco	OF MOTHER (State or Country) Michigan	At place of death yrs most as State yrs most if not at place of death?
田口言	(Informant) Research My KNOWLEDGE	Former or usual residence.
WRIT Every iter CIANS SH Statemen	(Address) Salislucy, Md.	Mens Cally Salishue 3/7/8/19
B. No. 1	15 Filed Meh 26 1923/, Jr May Junes	The Will & Place Co. Sakihung, M.
> TE	if mora bianks are needed, address State Registra	r, 16 W. Seratoga St./ Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queswork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the Drs. EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

"('Inanition,') "('Heart Islue, ') "('Inanition,') "('Marasmus,') "(Old Age,') "Shock,') "('Uraemia,') "(Weakness,') etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" Whooping cough; American Medical Association.) (Recommendations on statement of cause of death nges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, interstitial nephritis, on," "Heart failure," "Haemorrhage, or intercurrent) affection need Chronic etc. The valvular heart disease; Nomenclature of the contributory not be

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), usin always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William, Laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Salesman, (b) -Coal mine, etc. Wom-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"), Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> approved by Committee on inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis," etc. "Deblity" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping cough; (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Chronic etc. The contributory valvular Nomenclature Always qualify all heart disease;

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permanently filed.

4

PLACE OF DEATH STATE OF MARYLAND 1. Como Och CERTIFICATE OF DEATH Registration Dist. No., MITHIN CONF. O Village or City (If death occurred in St.: Ward) a hospital or institution, give its NAME is -stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE MONA 3 SEX 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED may (Write the word) ..... (Month) (Day) (Year).... I HEREBY CERTIFY, That I attended the deceased from 1888 (Month) (Day) (Year) that I last saw h Chalive on 7 AGE Ilf LESS than and that death occurred on the date stated above, at ..... I day hrs. The CAUSE OF DEATH \* was as follows: ESERVE ( ) Trade, profession or particular kind of work of meles piai (b) General nature of industry business, or establishment in which employed or (employer) Contributory BIRTHPLACE MARGIN Secondary (State or country) 10 NAME OF 3 L 00 11 BIRTHPLACE OF FATHER FNH 4State the Disease Causing Death, or, in SO TION Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) Informatic state CA ICCUPATIC 12 MAIDEN NAM 00 4 OF MOTHER 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death \_\_\_\_\_yrs.\_\_\_\_\_\_ds. (State or Country) 00 Where was disease contracted, oui of it not at place of dea h?..... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or Sh usual residence ... Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 700 ADDRESS Filed If more banks are needed, address tate hegistras, 13 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

laborer, tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, (b) Colton mill; (a) should be used only when needed. additional line is provided for the latter statement; it the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Earmer tregaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or Al Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Salesman, As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebraspinal fever (the only definite synonym is "Epidemia (erebraspinal fever (never report "Typhoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopacumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "(E:haustion," "Heart fallure," "Haemorinage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, st\_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Measles ;

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The state of the s	=	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly cla	etatement of OCCUPATION is very important. See instructions on back of certificate
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	N: B Every Item of Information should be carefully supplied. ACE should be stated EXA	E	1

1	PLAGE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2.2.6
certificate.	Village or City Ithney Otto	St.: Ward) (If death occurred In a hospital or institution, give its NAME Instead of street and number.)
Cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of	A COLOR OF RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 193/ (Month) (Day) (Year)
tions on	(Month) (Day) (Year)	That I last saw her alive on Wester 25, 1981,
Instruc	7 AGE    S   S   S   S   S   S   S   S   S	and that death occurred on the date stated above, at
portant. See	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	(Duration) ' yrs mos de.  Contributor Myscadilis ' Secondary
ION IS VOLY IN	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Address) (Address) (Signed) (Signed) (M. D. March 2) (Address) (Ad
OCCUPAT	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,
atement of	(Informant) George M Licates  (Address) Leman Store	if not at place of death?  Former or  regular residence  19 PLACE OF BURIAL OR REMOVAL  M. D. Con Elman March 2919/.
Ď	15 Filed 3/29/ 1981 W. T. Dunne Registrar	Die Smowy Lemonto
1	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed should be used only when necded. As examples: (a) fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all stated unless important. Example: Measles (disease American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ....... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection "Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS State MEANS OF INJURY for malignant neoplasms); Measles; etc. The contributory valvular heart need not disease;

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, without more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Laborer-Coal mine, etc. Wom-(6) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiaul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, oeeident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway troin or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronie etc. The contributory valvular heart Always qualify all Measles; discose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 19

PLACE OF DEATH	03675 STATE OF MARYLAND CERTIFICATE OF DEATH
l. /	Registration Dist. No. 333
2FULL NAME Infant & lo.	St.: / Ward)  St.: / Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale White (Write the word)	16 DATE OF DEATH March 193/ (Year) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw handler on handle last saw handler on handle last saw handle handle las
7 AGE  Vrs. mos. 25 ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Province Co,  10 NAME OF FATHER (State or country) Somerate Co,  12 MAIDEN NAME OF MOTHER (State or Country) Province Co,  13 BIRTHPLACE OF MOTHER (State or Country) Province Co,  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address) Palisburg R. D.  (Address) P	(Signed)  *State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL PLANT CEMELY MASSES.  20 UNDERTAKER
Registrar  If more branks are needed, address State Registrar	, 16 W. Seratoga St. Baito., Requesting V. S. No. 1.
	Village or Cit Maar Silvan (No.  2FULL NAME Jant M. D. J.  PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED.  MARRI

MARGIN RESERVED FOR BINDING

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more process of the laborer, Farm laborer, Loborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Solesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of nature of the business or industry, and therefore an Civil engineer, whatever, write None. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook. to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement business, that fact may be indicated thus; Farmer (10 Foreman, (b) Automobile foctory. The materia For many occupations a or At Home, and children, yrs). For persons who have no occupation Stationary fireman, etc. But in many single word or term on not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospizal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," (secondary (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as or intercurrent) affection need 'Congenital," "Senile," etc.), "Dropsy,
> " "Heart failure," "Haemorrhage, Chronic and consequences (e.g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease, Nomenclature of the not be

PHYSIC 9d. Exact	PLACE OF DEATH County Musnus	03676 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 333
CORD sd EXACTLY erly classificate.	Village or City Stad Frink (No	St.: Ward)  (If death occurred I a hospital or institution, give Its NAME is stead of street an number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Are d be st y be pr ack of	nule Itale 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  M. V. J., 1951.  (Month) (Day) (Year)
PER shou	6 DATE OF BIRTH  Sel. V4, 1864.  (Month) (Day) (Year)	that I last saw half alive on Mach 7 1928
HIS IS A HIGG. ACE ms so that nestruction	7 AGE   If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at /0.157n The CAUSE OF DEATH * was as follows:
KK-T Kenp	(a) Trade, profession or james  particular kind of work  (b) General nature of industry	Caromna Liver
NG Brefu	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Mauland	Contributory Secondary (Duration)yrs
MARGIN TH UNFADI n should be co ISE OF DEATH	11 BIRTHPLACE OF FATHER (State or country)  Maufler  Mauf	(Signed) M. 1  3-29 (Address) M. 1  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Information state CAU	12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER  OF MOTHER  14 A A A A A A A A A A A A A A A A A A A	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the
m of hould	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  MAN AND AND AND AND AND AND AND AND AND A	of deathmosds. Stateyrsmosds.  Where was disease contracted, if not at place of death?
WRIT Every Ite CIANS S	(Address) Salis Muy Md, R.D. 1	19 PLATE OF BURIAL OR REMOVAL DATE OF BURIAL 3/79/3/19
	Filed Meh 2919231. V. May humen	20 UNDERTAKER HALN Co. Salishung M.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

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M	Exaci	PLACE OF DEATH County Microsi Co	STATE OF MARYLAND CERTIFICATE OF DEATH
ORD	classified.	Village or City Delmar (No. R.D, #	48
	ted E.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ANA	d be sta y be pro ack of c	3 SEX 4 COLOR OR RACE SINGLE, MARRIED MANUEL WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  March 21, 1981
BIND!	E should at it may ns on ba	6 DATE OF BIRTH  April 22, 1863	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That 1 attended the deceased from the latter of the latte
ID FOR	lied. AC ms so th nstructio	7 AGE (Month) (Day) (Yesr)  7 AGE (If LESS than 1 day hrs. or min.?	
SERVE INKTI	ly suppl ain tern See ir	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	
IN REDING	careful TH in p	business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
MARGI UNFA	hould be OF DEA	10 NAME OF Jonethan Beach	(Signed) (Durstinn) yrs mos de
•	CAUSE TION	OF FATHER  (State or country)  12 MAIDEN NAME  (Maiden NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C. C.	state	OF MOTHER Mary Bordy.  13 BIRTHPLACE OF MOTHER (State or Country)  October Mother Mary Bordy.	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State State State Grand
NTE PI	should ent of O	(Informant) Mrs. Sade Pollett	Where was disease contracted, if not at place of death?  Former or usual residence
WRIT	Every II	(Address) Hansowst Salishuftd	Parse Com Date of Burial Mar. 24, 193/
	Z. B.	Filed 7724/8/192/1/77/July Registrar	Hellower to Salishing Ma , 16 W. Saratoga St. Balto., Requesting V. S. No. 1.
	- 1		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of age. For many occupations a single word or term on fulness of various pursuits can be kngwn. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, to know (a) the kind of work and also (b) the or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospival fever (the only definite synonym is "Epidemic cerebrospival meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Ase of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-..... (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiscases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Heart failure," "Haemorrhage, Chronic etc. The contributory valvular heart Always qualify all

1 <sub>DIAGE OF PEATH</sub>	03678
PLACE OF DEATH	STATE OF MARYLAND
County Wik Ourses,	CERTIFICATE OF DEATH
00.0 mil 3.44	Registration Dist. No. 333
Village or City 3 all lung (No. 1)	(If death occurred in a hospital or institu
2FULL NAME Cliebla War	tion, give its NAME in stead of street and hymbers
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX  4 COLOR OR RACE  SSINGLE,  MARRIED,  WIDOWED.  OR DIVORGED  (Write the word)	16 DATE OF DEATH 3 - 1923 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jusuoun. 1	3-22-193/.to 3-24-,193/
(Month) (Day) (Year)	that I last saw h & alive on 3 - 2 4, 193
7 AGE    If LESS than	and that death occurred on the date stated above, at 9130 m.
ds. or min.?	The CAUSE OF DEATH * was a follows
8 OCCUPATION (a) Trade, profession or	1 General Pertunter
particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos da.
9 BIRTHPLACE (State or country)	Contributory Secondary  Duration)  Aug. Thos. ds.
10 NAME OF SURRUSUS.	(Signed) M, D.
OF FATHER	*State the Disease Causing Death, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Constitution	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
(State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h?
(Informant) Ley Dens Hospital	Former or usual res.dence Sun 14elf July
(Address) falusbuly	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Shaw fall ma  193
Filed 3/25 1931 V May Herrier Registral	5 you fell manall ADDRESS
If more b.anks are needed, addre.s Ltate hegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in Physician, the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cnlaborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day Compositor, For persons who have no occupation (b) Automobile factory. The material Architect, Locomotive engineer, Grocery; Tre-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospiral fever (the only definite synonym is "Epidemiz cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Traemia," "Weakness," etc., when a definite disease st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by Committee on Nomenclature of the carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of death Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronicetc. The nature of the injury, valvular heart disease; The contributory Measles; etc., of

5%		1	(367)
	i so	PLACE OF DEATH	STATE OF MARYLAND
XX	\ <u></u>	County//comes	CERTIFICATE OF DEATH
/	. ed.		Registration Dist. No. 333
CBD	EXACTLY iy classifil ficate.	Village or City Saleshy - (No. 103 Village or City	St.: 9 Ward)  (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING	ld be st ny be pr ack of	Male A GOLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Max. 19 , 192 /
R BIND	GE shoul	6 DATE OF BIRTH  Occ. 25, 1878  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1921. to 1921, that I last saw halive on 1923,
ED FOI	blied. At ms so th	7 AGE  52 yrs. 2 mos. 24 ds. or min.?	and that death occurred on the date stated above, at 1.15m. The CAUSE OF DEATH * was as follows:  Successful that nonspecial managements of the state of the s
ESERVI	fully support plain ter	(b) General nature of industry business, or establishment in	Probably ettension from middle low discoses.  (Durstion) VIII mos 4 de
RGIN R	be care	which employed or (employer)  BIRTHPLACE (State or country)  Maryland  10 NAME OF No. 11	Contributory Secondary  (Duration)  yrs
AM T	or louic	FATHER William Matthews	(Signed) (Address) Aclubra M. D.
•	CAUSE TION I	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Discase Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
A Y	f informa d state OCCUPA	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.
WRITE P	shoul ent of	(Informative Saac 94- Mettheurs	Where was disease contracted, if not at place of death?  Former or usual residence.
	CIANS Statem	(Address Delevone st. Salishy M	PLACE OF BURIAL OR REMOVAL  AUSTIC CON Mu. 22, 13/ 20 DIPPERTAKER  ADDRESS,
		Filed 192 0 May duries Registrar	Holloway & Co. Salistung Mg., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery;

spinal meningitis"); Diphtheria (avoid use of "Group"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia") EASE CAUSING DEATH (the primary affection with respect ("Pneumonia,

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Whooping American Medical Association.) approved by Committee on (clanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular Nomenclature of the Always qualify all heart disease; not be

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed. If this certificate is looked over thoroughly and all questions

		63680
M XXXX	PLACE OF DEATH	STATE OF MARYLAND
100	County Hicomiles	CERTIFICATE OF DEATH
d		Registration Dist. No. 333
CORD EXACTLY, P y classifled.	Village or City Salishung (No A-D. #3	St.: 5 Ward) (If death occurred in a hospital or institu-
	2FULL NAME Edwin O. 4	Mercitt &c. tion, give its NAME instead of street and number.)
stated properli	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
N N N N N N N N N N N N N N N N N N N	Male White Single, MARRIED WIDOWED OR DIVORCED (Ryite the word)	16 DATE OF DEATH Max. 31 , 1921
RMA RMA ould may n bay	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I artended the deceased from
PE PE	Fet. 3 1866	3/22 193/ to 3/3/ , 1929,
A A ACE that that tions	(Month) (Day) (Year)	that I last saw ham alive on 3/3/ , 1923/,
FOR IS A ACE So that ruction	7 AGE [If LESS than	and that death occurred on the date stated above, at
Soon	65 yrs. 6 mos. 27 ds. or min.?	The CAUSE OF DEATH * was as follows:
THI -THI mpile term	8 OCCUPATION	
THE SERVICE	(a) Trade, profession or particular kind of work	Complications wish
IG IN efully in plant.	(b) General nature of industry business, or establishment in which employed or (employer)	Whiti (Duration) 3 yrs. mos. de.
GIN FADIN Be car EATH Impor	9 BIRTHPLACE (State or country) Plew York stor	Secondary Secondary (Duration) mos. 1 de.
UNI	FATHER Edwine & Merrit.	(Signed), Ju. M. Fords, M. D.
E C S S S S S S S S S S S S S S S S S S	of Father On and	*State the Disease Causing Death, or, in deaths from
TION NO.	Z (State or country) Hew John 1	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mat PAT	of MOTHER Calhum Peterson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
2 000	13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. Stateyrsmosds,
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ITE em sho	(Informan Forman F. Merritt.	Former or s usual residence
WRIT Every Iter CIANS SI Statemen	(Address ger Charles Ja.	Pareons Com. april 3., 1931
BEv	15 Filed apr 3 1981. & May Turner	Hollowy & Co Salishy Md.
· / Z	If more branks are needed, address State Registra	r, 16 W. Saratoga St, Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from, gaged in domestic service for wages, as Sorvani, Cook, Housemaid, etc. If the occupation has been charged ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus; Furmer or given up on account of the DISEASE CAUSING DE to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile foctory. The or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coul minc, etc. Wom-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation person, irrespective of (6) material Grocery, CHIL (re-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted to time and causation), using always the same accepted the time and causation of the same disease. Examples: Cerebros publicate (the only definite synonym is "Epidemic cerebroses spinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of approved by Committee on Nomenclature of the American Medical Association.) tetanus) may be stated under the head of "contributory." corbolic ocid-probably suicidc. The n.ture of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; Chronic etc. The contributory volvulor heart diseose;

· Or ·	Mann
PLACE OF DEATH	TIRES STATE OF MARYLAND
County Micomico	CERTIFICATE OF DEATH
County	Registration Dist. No. 333
	0 111 1 -
Village or City alisting (No. 100 May	Ward)  (If death occurred in a hospitel or Institution, give its NAME in stead of street and number.)
-FOLL IVANIL	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 J HEREBY CERTIFY, That I attended the deceased from
12 1853	feh 28 1923/ 10 Mand 5 , 1923
(Month) (Day) (Year)	that I lest saw her alive on March 4 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 630.2m.
L ( ) 1 day hrs.	
/6 yrs	
8 OCCUPATION (a) Trade, profession or	Tremona dotor
particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs mos 6 ds.
which employed or (employer)	La de dial Stand
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Durstion)  (Durstion)  (Durstion)
10 NAME OF FATHER UNKNOWN	(Signed) / Fue R Mann M. D.
II BIRTHPLACE	100 (Address)
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trens
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	of deathyrsmosds
14 THE ABOYE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Metron &P: to Bestit Home	Former or usual residence
(Address for Raylor + Church et Salisher	Jouden Park am Mal. 7., 1931
Filed Meh 3- 1923/ Gr. May June	20 UN DERTAKER + Co. Salishy My
If more bianks are needed, address State Registre	r, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic cerebrogrinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more record nine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is necesyrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebros pinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the orsfever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. stated unless important. use of "Tumor" for malignant neoplasms); approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (clanus) may be stated under the head of "contributory." American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the Always qualify all Measles; not be

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wage: as Servent, Gook Housemuid, etc. If the occupation has been changed state occupation at beginning of illness. If retired definite salary), may be entered a Hous wife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form par of the second statement. Never return "Labover," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman (b) Grocory; business, that fact may be indicated thus: Farmer (reor given up on account of the DISHALE CARLESS DIMINIC to report specifically the occupations ployed, as At school or At home. Care should be taken work, or At Home, and children, not guinfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer-Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health whatever, write None. (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an Civil engineer, Stationery firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer. tion applies to each and every person, irrespective of fulness of various parsuits can be known. The ques-Statement of Occupation - Precise statement of oc-6 yrs.). For persons who have For many occupations a single word or term on without more precise specification as Day of persons no occupation The material Tron't

EASE CAUSING DEATH (the primary affection in respect to time and causation), using always the same a copic to time and causation), using always the same a copic to time and causation), using always the same a copic to time and causation), using always the same a copic to time and causation), using always the same a copic of term for the same disease. Examples: Gerebro Analytic (the only definite synchym is "Epidenic errbro spinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia"):

this certificate is looked over thoroughly and all ques-

suswered in detail, it will prevent further correspond-

the data is essential and must be obtained before

ertificate is permanently filed

Thead 8 miles men quarices (e. g., sepsis, tetanus) may be stated under the Poispard by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely and qualify as Accidental, suicidal, or Homicidal, "PUERPERAL septicaemia.""PUERPERAL peritonitis," can be ascertained as the cause. "Drop y," "Exhcusticu," "Heart failure," "Haemor train—accident; Revolver wound of head-homicide; Examples: taken. For violent beaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uracmia," "Weaknes:" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions." symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing stated unices important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping cough; Chronic valvular heart disease; use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid myes, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men puclature of the American Medical Association.) of the injury, as fracture of skull, aud conseof "contributory." (Recommendations on stateof cause of death approved by Committee death), 29 ds.; Bronchopneumonia "Debility" Accidental drowning; Struck by railway ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of Example: Measles Always qualify all The coutributory "Coma," Meastes; (second-(disease "Con-

20

'PLACE OF DEATH	STATE OF MARYLAND
County Wicomics	CERTIFICATE OF DEATH
	Registration Dist. No. 33 2
Village or City Hulsons (No.	St.: Ward)  St.: Ward)  (If death occurred in a hospital or Institution, give its NAME instead of street and
2FULL NAME JESMELLE // W	tehell, stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Lemale White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH  Mas Stillform, 192  (Month) Mas (Day) (Year) (23)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march VI 1931	, 192, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than   1 day hrs.   mos.   ds.   or   min.?	and that death occurred on the date stated above, at
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)yrs,, mosds,
9 BIRTHPLACE	Contributory Secondary
(State or country) Maryland	(Duration)
10 NAME OF FATHER A TALLAR.	(Signed) M.D.
IL BIRTHPLACE	Mar. 17 1923 (Address) Mills boro kal
OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Grace 24 Downs	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country) Maryland.	of deathmosds. Stateyrsmosds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) David Witchell	Former or usual residence
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Zelman R	Mean Welson a ch 17 1931
15 m 1 200 17 1021 Pla 1 Pl 4	20 UNDERTAKER ADDRESS
Filed Mar. / 1931 Fland J. Frutt Registrar	Win How and Wells Fitterille 2010

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Strtement of Cause of Death-Name, first, the bis state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocwhatever, write Nonc. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, er," etc., without more precise specification as Day Civil engineer, Stationary fireman, etc. But in many Physician, report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a yrs). Farm laborer, Laborer-Coal minc, etc. Wom-Compositor, Architect, who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Salesman, (b) single word or term on Locomotive engineer, not gainfully em-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrapiant fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

pneumonia,

Bronchopneumonia ("Pneumonia,

as fracture of skull, and eonsequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL perilonitis," ean be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of eause of tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases causing death), 29 ds.; L. Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-(seeondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart Nomenclature The contributory Measles; disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every them of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1368)
1. PLACE OF DEATH WITHIN	
STATE OF MARYLAND—  1. PLACE OF DEATH STRING CORPORATE LIMITS OF VIllage or City String Lungs	Registration Dist. No. 333
Village or City Salishury	No. 1707 E. Clurch St. 5 Ward
/ // / (If	death occurred in a hospital or institution, give its NAMS instead of street and number)
Langth of residance in city or town where death occurredyrs,	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME // /// S- // //	7
(a) Residence: No. Aucug	St., 9 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Itlike OR PHYSICED (write the word)	(Month) 2 7 , 193 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Marie E. Rock	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Alil 18. 1865.	I last saw have alive on Jacques 21, 19.3/; death is said
6. DATE OF BIRTH (month, day, and year) UM   1   1   1   1   1   1   1   1   1	to have occurred on the data stated above, at 12. HIA.
65 11 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, MAUNALL SAWYER, BDDKKEEPER, etc.	Sustanti 3/1/3
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	angena Pechnes 3/1/
ID. Data deceased last worked at this occupation (month and 3/4/43/ 11. Total time (years) spant in this year)	
Minimia	Diher Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME GENGE IS. Noch	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country) Unquien	What test confirmed diagnosis? Clessical Was there an autopsy?
15. MAIOEN NAME XIIIAN XIIIAN	23. If daath wes due to external causes (YIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SALVE MELLINES (Address) La helines M.	Spacify whether injury occurred in INDÚSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL 19 3/21/6/	Manner of injury
Placa Allemy Hapate 177/01,19	Natura of injury
19. UNDERTAKER ON ALLE AND CO.  (Address)	24. Was disease or injury in eny way related to occupation of deceased?
The second of th	(Signed) P- M M.D.
20. FILED Men Ly, 193 le De May Jumel	(Address) fallating profy
If more blanks are needed address State Registrary	2012 N. Charles Street Baltimore Persesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. BEvery Item of information should be carefully supplied ACE should be cated EXACTLY, F. CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified statement of OCCUPATION is very important. See instructions on back of certificate.
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	PLACE OF DEATH	STATE OF MARYLAND
	County Wycomics	CERTIFICATE OF DEATH
	Lounty W CO Made	Registration Dist. No. 33
Vil	lage or City Salishury md (No. Pen. Gene 2FULL NAME mrs. Chyabeth y	tion, give ita NAME in-
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7	drale White Single, matried Wildowell.  OR DIVORCED (Write the word)	16 DATE OF DEATH    10   193
6 0	DATE OF BIRTH	march 9 1931 to march 10 1931.
	not give	that I last saw h l alive on march 10, 1931.
-	(Month) (Day) (Year	and that death occured on the date stated above, at 10:55 Pm.
7 /	AGE About IfLESS than I day,	The CAUSE OF DEATH * was as follows:
	22 yrs. mos. ds. or min.?	Echamping of
8	a) Trade, profession or	fregulency !
I	particular kind of work	
N. I	b) General nature of industry pusiness, or establishment in which employed cr (employer)	(Duration) yrs mrs 2 ds.
-	BIRTHPLACE (State or country)	Contributory Secondary  (Dyration)yrsds.
	10 NAME OF UNKNOWN	(Signed) M. D. 1930 (Address) Salah Seel
ENTS	11 BIRTHPLACE OF FATHER (State or country) Unknown	*State the Disease Causing Death, or in deaths from Violent Caus-s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
ARE	12 MAIDEN NAME OF MOTHER  TINKNOWN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos 2, ds. In the State yrs mos ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Pen. General Hospital	usual residence
	(Address) Salisbury mid	Hear Halword Inch 12. 10 BL
15	Filed Meh 10 1920 1. W. May Mauls Registral	20 UNGERTAKER ADDRESS Porksly Va
-	If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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#### WARCIN BESEBLED FOR BINDING

EXYCLEA' BHAR: TH UNITABLIC INK---THIS IS A BERNAVINA ESCORD 11C8,0 to the state CAUSE OF DEATH is plain terms on that it may be placed on the many back of occurrent of or or one of the many that is the many that it is the many that i d bluode EDA belique yllufento cubiu 20 Dringt. WEITE PLANTY EAN TOU CL

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the should be used only when needed. As examples: 'a nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesbusiness, that fact may be indicated thus; Farmer frestate occupation at beginning of illuess. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Peal-Spinner, (b) Cotton mill; (a) Salesman. Physician, Compositor, Architect, whatever, write Nonc. Housemuid, etc. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day If the occupation has been changed Coul mine, etc. Locomotive engineer, not gainfully em-(6) Grocery; Wom-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebray Pual fever (the only definite synonym is "Epidemic cerebraspinel meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> "Inanition," "Marasmus," "Old Age," "Shock," "Urnemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of letanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can he ascertained as the cause. "Exhaustion, tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train-American Medical Association.) .... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic The nature of the injury, etc. The contributory valvular heart disease; Always qualify all Measles,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lthe duta is exential and must be obtained before the certificate is permanently filed.

PHYSI-N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, P. CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate. CORD PERMAN ITH UNFADING INK--THIS IS A ILY, WRITE PL

BINDING

FOR

MARGIN RESERVED

County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 337
Village or City Maulicale (No	St.: Ward)  (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. SUNGK OR DIVORCED (Write the word)  6 DATE OF BIRTH  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. SUNGK 6 DATE OF BIRTH  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. SUNGK 6 DATE OF BIRTH  3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. SUNGK 6 DATE OF BIRTH	16 DATE OF DEATH  MAX 4, 19B/  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from #thuary /8 1921. to March 4, 1923/
(Month) (Day) (Year)	Chart I last saw II American III and I american II ame
7 AGE  S Pyrs. mos. 27 ds. or min.?	and that death occurred on the date stated above, at A.m. m. The CAUSE OF DEATH * was as follows:  Againe Heart Desense
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Mutral regurgitation my o carditus -  Contributory (Duration) yra mos da.  Contributory Questolved preservice
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE	(Signed) (Address) (Duration) yrs mos de.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trensients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Mantische Md  (Address) 1931 P. Worlford Thatte	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  19 PLACE OF BURIAL OR REMOVAL  20 UNDERTAKER  ADDRESS  Mrs College Assisted Sons Revalue My
If more bianks are needed, address State Registrat	r, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry, (a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 business, that fact may be indicated thus; Farmer (re state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewifc, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospina EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the bis fever (the only definite synonym is "Epidemic cerebra-Typhoid fever (never report "Typhoid Pneumonia") time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> Approved by Committee on Nomenclature of the American Medical Association.) inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL seplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," ." Haemorrhage, Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincough; Chronicetc. valvular The contributory Always qualify all heart not be

answered in detail, it will prevent further correspondence. All the If this certificate is looked over thoroughly and all questions permanently filed.

On Poller

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken fulness of various pursuits can be known. The queshousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesmon. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary firemon, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, etc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Doy For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., tetanus) may be stated under the head of "contributory. carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Whooping "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid cough; is indefinite); Tuberculosis of lungs, men-"Heart failure," Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; Always qualify all The contributory "Haemorrhage,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaparity filed.

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	WRITE PLALY, ATH UNFADING INKTHIS IS A PERMANATE CORD	WRITE PLAILY, THE UNFADING INKTHIS IS A PERMANATE CORD  N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  County Mcomico:  Village or City Tittairly Md (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 33 2  St.: Ward)  Application, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MONICE OR DIVORCED (Write the word)  6 DATE OF BIRTH  Marcle 28, 1900.  (Month) (Day) (Year)	(Month) (Day) (Year)  17 31 HEREBY CERTIFY, That I attended the deceased from 1927, to 1927, that I last saw here alive on 3, 1927,
B OCCUPATION  (a) Trade, profession or particular kind of work  (b) Trade, profession or particular kind of work	and that death occurred on the date stated above, at 5-9 m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary (Duration) yts mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Address) Section M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents)  At place In the of death yrs mos ds, State yrs mos ds,  Where was disease contracted, if not at place of death?
(Informant) Jennie Blandler  (Address Tittsulls ma  (Address Tittsulls ma  Filed Man 9 1931 Leland J. Inutt  Registrar	Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  Threllville Cornetey march 1931. 20 UNDERTAKER  ADDRESS  AM. HOOWARD Hells, Pittsville Md.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness, of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons cnployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Dispersion of Cause of Death—Name, first, the Dispersion of Cause of Death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Chapproved by Committee on If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed. American Medical Association.) (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stited unless important telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Whooping cough; use of "Tumor" for malignant ncoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condiinterstitial nephritis, Chronic Carcinoma, Sarcoma, etc., of Example: Measles (disease chopncumonia (secondary), etc. affection need not be valvular heart Nomenclature of the The contributory ," "Convulsions, Measles; disease;

BINDING

MARGIN RESERVED FOR

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
1	County Niconico	CERTIFICATE OF DEATH
		Registration Dist. No. 332
	Village or City selle (No.	St.: Ward) (If death occurred in
	0/1/2	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
	2FULL NAME LUGANT JULSOUS.	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
	Wilte WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
	Maral 2 1981	March 7 1931. 10 March 3, 1921,
	(Month) (Day) (Year)	that I last saw hell alive on Wasch 3, 1923 1,
	7 AGE   If LESS than	and that death occurred on the date stated above, at 2m.
	/ day hrs. / ds. or min.	The CAUSE OF DEATH * was as follows:
-01	8 OCCUPATION	( ) till the the
1	(a) Trade, profession or particular kind of work	The state of the s
-	(b) General nature of industry	viry for a care / illi
N	business, or establishment in which employed or (employer)	(Duration) yes (mos da.
	9 BIRTHPLACE	Contributory Weller Sun years from
	(State or country)	(Duration) yrs. mos. J. de.
	10 NAME OF FATHER	(Signed) Carles Tr. Sroger M. D.
	11 BIRTHPLACE	3/3 1923/ (Address) Sales Fury lud
	OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deeths from Violent Causes, atate (1) Means of Injury and (2) Whether
	TI 12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
	of MOTHER Della Dagers.	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsmosds, Stateyrsmosds,
	(State or country)	Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Oggo Gorley.	usual residence
	(Address Villsville, Md.	111 - 1 - 1
		MODIFICATION 1931 ADDRESS
	Filed Man 4 1923 / Teland J. Fruit	Wan throw or and DNo Ola Fetta: Ol mis
		, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	at Mote Division and Medical State and Manage	

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekcepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Groeery: (a) Foreman, (b) Automobile factory. The material cases, especially in industrial employments, it is neces-Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Housemaid, etc. r," etc., For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Div Compositor, For persons who have no occupation Stationary freman, etc. But in many If the occupation has been changed Laborer-Coal mine, etc. Wom-Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is 'Epidemic cerebrosinal meningitis'); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." stated unless important "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemic" (merely symptomuse of "Tumor" for malignant neoplasms); as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoncd by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury State cause for which surgical operation was under-..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menresulting from childbirth or miscarriage as " "Marasmus," "Old Age, Chronic Example: Measles (disease chopnoumonia (secondary), The nature of the injury, affection need not be etc. The valvular heart disease; contributory Measles;

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a ct	PLACE OF DEATH	STATE OF MARYLAND
英英	County Hilomico	· CERTIFICATE OF DEATH
TLY	Village or Cit Sabahan (No. P.S. H.	Registration Dist. No. 333  St.: 3. Ward) a hospital or institu
CORI EXAC	2 FULL NAME Mande John	a hospitel or institu- tion, give its NAME in- stead of street end number.)
ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ING Id be st ay be pr	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED WIDOWGO TOOR DIVORCED (Write the word)	16 DATE OF DEATH MAL. /9 , 1928/
PERM F should be	6 DATE OF BIRTH  7.4. 3. , 1963  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  19 10 10 10 10 10 10 10 10 10 10 10 10 10
IS A	7 AGE (Stones) (Pay) (Fear)	and that death occurred on the date stated above, at \$15-Pm.
HIS Hed.	28 yrs. / mos. /6 ds. or min.?	The CAUSE OF DEATH * was as follows:
ERVE IKTH suppl In terr	8 OCCUPATION (a) Trade, profession or Jones Work	appealed aute (1 the culors)
G IN pla	(b) General nature of industry business, or establishment in which employed or (employer)	
GIN I	9 BIRTHPLACE (State or country) Mavylan L	Contributory Secondary  (Durstion) yrs mos ds
UNF UNF F DE	10 NAME OF FATHER algh Johnson	(Signed) / Mann M. D.
TH Sho	II BIRTHPLACE OF FATHER	(Address) Daluly TV
AUS	Z (State or country) Alaryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
main	of MOTHER da Hatson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
ntor	13 BIRTHPLACE OF MOTHER (State or Country)  Mausland	At place of death yrs 2 mos death state yrs mos des
Pluo	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
SITE tem	(Information da Johnson	Former or usual residence
WE Every i	(Address Hardella Md. R.D. #2,	19 PLACE OF BURIAL OR REMOVAL MAY, 22, 131
8 8 E	Filed 3/2/ 1921 D. May Turner Registrar	Holloway & Co. Salishy Ml.
(T) =	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
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(Approved by U. S. Census and American Public

Health Association.)

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> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Tnanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death Whooping cough; perilonaeum, etc., Carcinoma, Sorcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Chronic etc. valvular heori Always qualify all The contributory Measles;

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fulness of various pursuits can be known. The quescupition is very important, so that the relative health Statement of Occupation-Precise statement of octhe first line will be sufficient, e.g., Farmer or Plunter, tion applies to each and every person, irrespective of eases, especially in industrial employments, it is necesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer. Physician, Compositor, Architect, Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an worked on may form part of the second statement. Aever return "Laborer," "Foreman," "Manager," "Pealen at home, who are engaged in the duties of the gaged in domestic service for wages, as Serund, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed tired 6 yrs). business, that fact may be indicated thus; Farmer (rewhatever, write Nonc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborerwithout more precise specification as Day Stationary freman, etc. But in many (b) Automobile factory. The material For persons who have no occupation Salesman. (b) -Coul mine, etc. Wom-Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid use of "Croup"); s. Typhoid fewer (never report "Typhoid Pneumonia"); Lohur pneumonia, Bronchopneumonia ("Pneumonia,")

inges, pertonaeum, etc., Carcinoma, Sarcona, etc., of . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menuse of "Tumor" for malignant neoplasms); Meusles; stated unless important. tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be Whooping "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Huemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "(Exhaustion," "Heart tailure, "Gld Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. " Uraemia, taken. For violent deaths state means of injury State cause for which surgical operation was underor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainapproved by Committee on (Recommendations on statement of cause of death American Medical Association.) Never report mere symptoms or terminal condiinterstitial nephritis, death), 29 ds.; Bronchopneumonia (secondary), resulting from childbirth or miscarriage as cough; " "Weakness," etc., when a definite disease Chronic valendas Example: Measles (disease etc. Nomenclature of the The contributory Always qualify all heart discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

BUREAU

		u			03693
15	-	act		PLACE OF DEATH	STATE OF MARYLAND
(IN	/3	EXB		County Wicomico	GERTIFICATE OF DEATH
1	/ 1	.pei		$\rho$ $\rho$ $\rho$	Registration Dist. No. 333
	CORD	ated EXACILY, Poperly classified.	Vil	lage or City Salisbury (No	Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
		per		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NG		be st be pr ck of	35	SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED, MIDOWED WIDOWED  OR DIVORCED  (Write the word)	16 DATE OF DEATH March 25, 1981 (Month) 25 (Day) 1931 (Year)
	PE.	shout It m	6 1	DATE OF BIRTH  May 5, 1865.  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 192 1, to M. A. J. 192 1,  thet I last saw M. alive on M. A. S. 192 1,
II.	IS A	ed. ACE s so tha struction	7/	AGE    If LESS than   I day hrs.   Age   If Less than   I day hrs.   Age   If Less than   I day hrs.   Age   If Less than   I day hrs.   I day hrs.   If Less than   I day	/h 2nd
ERV	T	suppli In term	N. C.	a) Trade, profession or Cluscal particular kind of work	Missell Ensupreemay-
RES		arefully I In pla octant.	Q	b) General nature of industry ousiness, or establishment in which employed or (employer)	Contributory Lupil mos 7 de.
MARGIN	UNFADING	Pe C	9	(State or country) Wisomico Co	Secondary  Durstion)
MAR	NO H	hould OF D s very		10 NAME OF LEVIN B. Orice 11 BIRTHPLACE	(Signed)
1	5	CAUSE CAUSE	RENTS	OF FATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	LY,	5003	PA	OF MOTHER MANY CURNEY 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	PLA	f Inf		OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	WRITE	shor ent o	14	(Informant) Mrs. Lillie L. Price	Former or usual residence
. 4	}	Every I CIANS statem	_	(Address) Salisbury, Md.	allen Cemetery March 26:03/
S. No.			13	Filed 1921 May Education Registrer	The Hill & Johnson Co Salisbury Me
b \	1	Z		If more branks are naeded, address State Registra	r, 16 W. Saratoga S. Belto., Raquasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a er," etc., report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Loborer-Coal minc, etc. Womyrs). For persons who have no occupation without more precise specification as Doy (b) Automobile factory. The material (a) the kind of work and also (b) the 6 Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospital fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pncumonia, Bronchopneumonia ("Pneumonia,")

tclanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Whooping American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic affection need not be etc. volvular heart Nomenclature of the The contributory Measles; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1:		63694
	PLACE OF DEATH	STATE OF MARYLAND
1	County Micomico	CERTIFICATE OF DEATH
		Registration Dist. No. 332
	Village or City no littorally (No.	St.: Ward) (If death occurred in
	2FULL NAME Raymond Quiller	tlon, give its NAME in
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Pattended the deceased from
	Marcle 6, 1931	March ( 1981 to March 7, 1981
	(Month) (Day) (Year)  7 AGE   If LESS than	that I last saw have alive on Manual 1923
	l day o hrs.	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows: 0 0/
	0 yrs. 0 mos. / ds. or min.?	Dremature birth
7	a) Trade, profession or	
Š	particular kind of work	
	(b) General nature of industry business, or establishment in	(Duration)yrsmosds
1	which employed or (employer)	Contributory
	9 BIRTHPLACE (State or country)	Secondary (Duration)
	10 NAME OF FATHER LIGHT SELLEN	(Signed) Jan Wood M. D.
1	OF FATHER	Mark 193 (Address) Mills on heer
	Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of MOTHER Plant bravery.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER OF	At place In the
	(State or country) //, ()	of death
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Melble Jueilley	usual residence
	the state of the s	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Misousburg.	Tackers Cemetery: March 9th 1931
	Filed Mar. 9 1981 Lelaux J. Strutt Registrar	20 UNDERTAKER ADDRESS ADDRESS TITISONAL MA
	If blanks are moded address State Peristres	16 W Saratoga St. Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, " etc., without more precise specification as Day Foreman, (b) Automobile\_factory. The material For many occupations a single word or term on yrs). Farm laborer, Compositor, Architect, For persons who have no occupation Laborer--Coal minc, etc. Wom-Locomotive engineer, not gainfully em-(6) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." stated unless important Example: Measles (disease approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY by Committee on Nomenclature of the Chronicchopneumonia (secondary), etc. affection need valvular heart Always qualify all The contributory not be disease

If this certificate is looked over theroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 14

PLACE OF DEATH	03695 STATE OF MARYLAND
County Mesonico	CERTIFICATE OF DEATH
0 1. 1 - M	A Registration Dist. No. 333
h	Securion St.: 9 Ward (If death occurred a hospital or institution, give its NAME is stead of streat ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13 SEX 4 COLOR OR RACE SINGLE, MARRIED, MULLIS WIDOWED.  OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH    March   5
6 DATE OF BIRTH  April 15, 1817  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 193 193 that I last saw has sive on 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
7 AGE    If LESS than   day hrs.   day hrs.   day or min.?	
(a) Trade, profession or Haw- Manufactauer	Chronic youard
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrsmosd
9 BIRTHPLACE (State or country) Muyland	Contributory Secondary (Durstion) yrs mos
10 NAME OF Samuel M. Juiller	(Signed) Revenue M. M.
OF FATHER (State or country)  Mulliand	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother face) aluckson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the State, yrs mos. ds. State, yrs mos.
(Informant) Med. Samuel M. Juilles	if not at place of death?  Former or saul residence.
(Address) Salishury, Md.	19 PEACE OF BURIAL OR REMOVAL BATE OF BURIAL 3/1/3/, 19
15 Filed Meh 7 1981. & May Tunners Registrar	20 June Tale When Con Salichuy M.
If mora bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

(Approved by U. S., Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Spinner, (b) Cottan mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nane. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day engineer, Grocery,

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrash fever (the only definite synonym is "Epidemic cerebrashinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilanaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory affection need valvular Nomenclature of the Always qualify all heart Measles; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAL	
I	RECORI	. PHYS	Exact st	
NDING	MANENT	KACTLY	lassified.	
FOR BII	IS A PER	stated E	properly c	10N is very important. See instructions on back of certificate.
SVED	THIS-	uld be	nay be	ack of
RESEI	G INK-	GE sho	hat it n	d no su
RGIN	VFADIN	plied. A	rms, so	nstructio
MA	TITH UN	ully sup	plain te	t. See i
0	UNIAY, W	be caref	EATH in	mportan
(	E PLAI	pluous	OF DE	S verv
1	WRIT	nation	AUSE	TON

SIAIL  1. PLACE OF DEATH	OF MARYLAND—	CERTIFICATE OF DEATH (13696	
County Milouris		Registration Dist. No. 335	-
Village or City MEar	Sharplower		Ward
Length of residence In city/or town whe	(1	death occurred in a hospital or institution, give its NAME instead of street and number  ds. How long in U.S. if of foreign birth?yrsmos	1)
6-11	fo & '-1)	yrsmos	us.
	- Jegn	A	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 26 (Day) (Month) (Day) . 193	r (aer)
5e. If married, widowed, or divorced HUSBAND of		22. / 1 HEREBY CERTIFY. That I ettended deceas	and discoun
(or) WIFE of		24/16 193/ to 3/2	93/
6. DATE OF BIRTH (month, dey, and year)	Tell 8. 1924	I last sew h see alive on 3/2 ,183/ ; deat	h is sald
7. AGE Years Months	Days If LESS than	to have occurred on the data stated above, at	
6 3	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Munonary Mikelisters	* 1
SAWYER, BOOKKEEPER, etc			
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Dete deceased last worked at this occupation (month and	11. Total time (years) spent in this		
yeer)	occupetion	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	Eston / L'y-	1	
(State or copyrty)  (State or copyrty)  (State or copyrty)	8:01		
E A	sign.		
14. BIRTHPLACE (city or town) (State or country)	omile Co.	Name of oparetion Oeta of What had a second disposed of the second disposed disposed of the second disposed of the second disposed di	21
15. MAIDEN NAME Marion	Cole	What test confirmed diegnosis? Was thara an eutopsy  23. If death was dua to external causes (VIOL ENCE) fill in elso the following:	7.20.
16. BIRTHPLACE (city or town) Res	izelon	Accident, suicide, or homicide?1	9
∑ (State or equality)	178.	Where did injury occur?	
17. INFORMANT DENGE 9 (Address) Man	Fla ml #1	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mr. 21	Manner of Injury	
Plece flore	Oete / Mas 24, 19.3/	Nature of injury	
19. UNDERTAKER A. Grace (Address)	ploron md	24. Was disease or injury In any way related to occupation of deceesed?	ر
20. FILED Mars, 23, 1931	mary E. Mann Registrar.	(Signed) S. July Jucen.	/-M. D
If mo	re blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was donc.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

i i	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. cupation is very important, so that the relative health tired 6 yrs). en at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Dealsary to know the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupationwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, House Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of etc., Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the If the occupation has been changed Laborer-Coal mine, etc. -Precise statement of oc-(6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., whon a definite disease tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles inges, peritonucum, etc., Curcinomu, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY or intercurrent) affection Chronic Example: Measles (disease valvular heart disease; etc. The contributory ", "Convulsions, need not be

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe duta is essential and must be obtained before the certificate is permanently field.

PLACE OF DEATH	13698 STATE OF MARYLAND
County Humico	CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village or City Salishung (No. P. W. #	St.: 5 Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME David H. Ju	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Asex 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Much 3, 193/
6 DATE OF BIRTH  Open  (Month) (Day) (Year)	17 Dee / 1951. to Haich 3, 1923 / that I lest saw hamalive on March 3, 1923 /
7 AGE    If LESS than	and that death occurred on the date stated above, at 545.Pm.
7/ yrs. 10 mos. 2 7 ds. or min.?	The CAUSE OF DEATH * was as follows:
Trade, profession or particular kind of work	Anter aguigetation
(b) General nature of industry business, or establishment in	(Durstiop) yrs mos ds.
9 BIRTHPLACE (State or country)  Manufand	Contributory Line Interstation Replies. Secondory (Durstion) 3 yrs mos de.
10 NAME OF Manaine Dingle	(Signed) Carles & Broker M. D.
OF FATHER (State or country)  Manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Workeman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	At place of deathyrsmosds. In the Stateyrsds.  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sewell H. Tingle	Former or usual residence
(Address) 122 E. Church st. Salishy	My. Melson Church Com Mar. 5, 103/
15 Filed Mich 3-19231. V. May Tusmes	Wolloway + Co. Salishing Md.
If more blanks are needed, address State Registral	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. wounworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the Dis-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrated fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the tctanus) may be stated under the head of "contributory. as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Debility" "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, cough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

2	PLACE OF DEATH	03699 STATE OF MARYLAND
û	County Truma	CERTIFICATE OF DEATH
e d		Registration Dist. No. 332
certificate.	Village or City Trelsons (No	St.: Ward) (If death occurred a hospital or institution, give its NAME in stead of street an number.)
ertif	PERSONAL AND STATISTICAL PARTICULARS	The state of the s
ay be proback of c	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  192  (Month) 24 (Day) 13 Kear)
s on	6 DATE OF BIRTH  (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from
instruction	7 AGE  16 yrs. 3 mos. 8 ds. or min.?	and that death occurred on the date stated above, at / L 3 mm. The CAUSE OF DEATH * was as follows:
t. Soe i	(a) Trade, profession or particular kind of work  (b) General nature of industry	
tan	business, or establishment in which employed or (employer)	(Duration)yrsmos/6da
importa	9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  To mos. de
is very	10 NAME OF FATHER Harley Mingles  11 BIRTHPLACE	(Signed) A B Seale M. D. March 1981 (Address) Delman Gel
TION	OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
CCUPA	OF MOTHER  13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place
of Occ	OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
	(Informant) Mrs Rissell Kerley	Former or ususl residence
statement	(Address) hleman heel.	Melsons Cemetery March 6, 183.
F	Filed Mass. 24 193/ Feland J. Frutt Registrar	20 UNDERTAKER ADDRESS Tittsville ma

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired fromor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a c," etc., report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Strtement of Cause of Death—Name, first, the preEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia,");
Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease American Medical Association.) carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ethaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death tdanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-Whoopingas fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi cough; Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature not be

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	STATE OF MARYLAND
	County Wicomier	CERTIFICATE OF DEATH
	WITHIN COMPARATE SINGS OF	Registration Dist. No. 333
ricate.	Village or City Salisbury (No.	berty St.: 5 Ward) (If death occurred in a hospital or institu
	2FULL NAME Infur	Jungle tion, give its NAME in stead of street and number.)
ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ns on back of	Make Lite Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH March / 3 , 1923/
	6 DATE OF BIRTH  March 12, 1931	17 HEREBY CERTIFY, That I optended the deceased from
ISTRUCTIO	7 AGE  (Month) (Day) (Year)  If LESS than 1 day 2 hrs. or min.?	and that death occurred on the date stated above, at 7.36 ft. m  The CAUSE OF DEATH * was as follows:
ant, see in	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(Duration) yro, mos do
Lodin	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF FATHER Things	(Signed) (Duration) VIII mos. ds.  (Signed) M.D.  (M.D.  (Address) Stirle VIII
	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Middles Phollips  13 BIRTHPLACE OF MOTHER (State or Country)  Del	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs description of the State
	(Informant)	Where was disease contracted, if not at place of death?  Former or usual residence
	(Address) Stirling W	Paisons Com. Mar. 13. 1931
	Filed Mich 13,19231. V. May Junes Registrar	Holloway + Co. Salishy M.
	If more hanks are needed, address State Registrar.	16 W. Saratora St/ Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully em-Civil engineer, Stationary fireman, etc. But in many r," etc., report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Woin-(b) Colton mill; (a) without more precise specification as Day For persons who have no occupation Salesman. (4) Grocery

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia");

> Recommendations on statement of cause of telandar) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septionemia," "PUERPERAL perilonitis," etc. "Traemia," "Weakness," etc., when a definite disease American Medical Association.) corbolic acid-probably suicide. The n ture of the injury, State eause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcosles; inges, peritonoeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and eonsequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY (secondar, or intercurrent) affection need Whooping ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the cough; Chronic volvular heart disease; Example: Measles (disease etc. The eontributory not be

answered in detail, it will prevent further correspondence. All the drita is exsential and must be obtained before the certificate is permanently filed.

1931

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. classifie roperly clas a hospital or institution, give its NAME Is stead (of street and 2FULL NAME proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. may be WIDOWED. OR DIVORCED 26 (Day). onld (Write the word) HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH at it 0 00 instruction that I last saw h (Month) (Day) (Year) th 7 AGE IIf LESS than 0 and that death occurred on the date stated above, at 80 I day hrs. The CAUSE OF DEATH \* was as follows: supplied rms ds. or min.? 8 OCCUPATION
(a) Trade, profession or te 00 S particular kind of work plai ESI (b) General nature of industry important. business, or establishment in 2 (Duration) which employed or (employer) Ca Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) Pe A DO 10 NAME OF (Signed) JIL Ve FATHER 00 192 (Address) 11 BIRTHPLACE USL OF FATHER \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether (State or country) AC C Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 0: 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER state CCU2) ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death .....yrs. (State or Country) 0 T Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE it not at place of deah? 201 Every Item CIANS sho statement usual residence .. If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St. Palto., Requesting V. S. Lo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more process of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "For man," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the Dike EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise-se. Examples: Cerebrospidal fever (the only definite synonym is "Epidemia cerebrospinal sinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart failure," "Iaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," st\_ted unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondar or intercurrent) affection Never report mere symptoms or terminal condiresulting from childbirth or miscarriage Chronicetc. The contributory valvular heart Nomenclature need not be disease;

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REAU.

PH TAIL	PLACE OF DEATH  County Museumses In,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 331
Stated EXACTLY, properly classified of certificate.	Village or City fluadise (No	St.: Ward)  St.: Ward)  Under the property of
Stated proper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D P P P P P P P P P P P P P P P P P P P	3 BEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 7/1/1/2 , 1923 / (Month) (Day) (Year)
BIND PERM E shoul at it ma ns on b	6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  1925 to Mon 2 , 1925 , that I last saw h alive on Mon 1927 ,
IS IS Bd. A se t structi	7 AGE   If LESS than I day hrs.   ds. or min.?	
RESERVEC  VG INKTHI  refully supplif  in plain term	a) CCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
ADIN ATH Mpo	which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) yrs. mos ds.
H H long	10 NAME OF FATHER Hansky	(Signed) Jules R Mann M. D. 3 3 (Address) Daluty Tol
TION S	OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
nforma state ccupA	OF MOTHER  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs
ITE PE	(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
WRI JANS	(Address) Juantico My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Mary, 19.3/
B. No. 1	Filed Mch 3/ 1931 Mis m Wallall Registrar	Mrs. Los Persons Director de Sons Birechold
P	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

1. Form

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The queser," etc., without more preuse and minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer testate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the Discrete Causing Death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebro pixtle fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi ...... (name origin; "Cancer" is less definite; avoid stated unless important. use of "Tumor" for malignant neoplasms); unqualified, is indefinite); telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic Example: Measles (disease Tuberculosis of lungs, menetc. The valvular heart disease; contributory Measles;

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Answered in deta.
data s essential
permanently filed. If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

PLACE OF DEATH	13703 STATE OF MARYLAND
County Wermics	CERTIFICATE OF DEATH
	Registration Diss. No. 333
Village or City Salesbury (No. John 19	a hospital or institu-
2FULL NAME TO 220 C.	tion, give its NAME is -
2FULL NAME / Cary	( number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
1 710 L SUPPRIORCES	March 4, 193/
Himale While Contestation	(Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192 to MCh 4 , 192 ,
May 4, 1863	
(Osy) (Year)	that I last saw h la alive on Much 4, 192,
If LESS than	
67 yrs. 10 mos ds. or min.	)   ne cause of pearly was as follows:
& OCCUPATION	Hastre Carcinona
(a) Trade, profession or particular kind of work	
(b) General nature of industry	7
business, or establishment in which employed or (employer)	(Durstion)
9 BIRTHPLACE	Contributory Thurston
(State or country)	(Duration) yrs
10 NAME OF	(Signed) M. D.
FATHER andrew J. Cromwell	/h d 4 193/ (Address) Illy from 1 1
11 BIRTHPLACE OF FATHER	
(State or country) Maryland	*State the Piscase Causing Death, or, in dooths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MANE	18 LINGTH OF RESIDENCE (For liespitals, Institutions, Trans-
13 BIRTHPLACE	lents of Recent Residents)
OF MOTHER	At place of deathyrs
(State or Country) / craunia	Where was disease contracted, Bath ml
14 THE ABOVE IS TRUE TO THE BOST OF MY KNOWLEDGE	Former or
(Informant) Mrs. Tonia Shockley	usual res.dence
001 706	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Salisbury Marylan	Touden Tork Cemetery March 619 31
15 Filed Mich 4 19331. V. May Gunner	20 UNDERTAKER Baftingle ADDRESS
Registra	The Hill & Johnson Co & alistury Inc
If more b.anks are needed, addre.s tate hegistre	ar, 16 W. Saratoga St., Balto., Lequesting V. S. ho. I.

(Approved by U. S. Census and American Fublic Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Housemaid, etc. If the occupation has been changed Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salcsman, without more precise specification as Day For persons who have no occupation -Coul minc, etc. Wom-(b) Grocery,

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebross, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia");

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inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.:Y cough; Chronic Example: Measles (disease etc. valvular heart Always qualify all The contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 55 ' (If death occurred in a hospital of institu-tion, give Its NAME ir-PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH B SINGLE, Jung 4 COLOR OR RACE 16 DATE OF DEATH Sama WIDOWED. OR DIVORCED (Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that I last saw h & alive on (Month) (Day) (Year and that death occured on the date stated above, at ... 7 AGE Ilf LESS than I day hrs. The CAUSE OF DEATH & was as follows: ds. or min.? B OCCUPATION (a) Trade, profession or barticular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer). Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 1924 (Address) ..... 11 BIRTHPLACE OF FATHER \*Stats the Disease Causing Death, or, in deathe from Violent Caus s, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death yis mos. (State or country) Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death?. ususl res.dence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Registrai If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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OCCUPATION IS

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(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged Jid the duties of the Spinner, (b) Cotton should be used only when needed. As champles: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Former or Planter, tion applies to each and every person, irrespective of state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook, ployed, as At school, or At home. Care should be taken wolk, Vor At Home, and children, hot gainfully emhousehold only, (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House er," et ... worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, business, that fact may be indicated thus; Former (rewhatever, write None. Housemaid, etc. report specifically the occupations of persons en-Foreman, (b) Automobile foetory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day If the occupation has been changed mill; (a) Salesman. Locomotive engineer, (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the fils-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospical fever (the only definite synonym is "Epidemic terebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> or as probably such, if japossible to determine definitely State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OFINJURY and qualify as ACCIDENTAL, SURGIDAL OF HOMICIDAL, inges, peritonoeum, etc., Carcinoma, Sorcoma,, etc., of "PUERPERAL septieaemia," "PUERPERAL peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis corbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Always qualify all Mcosles ;

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APR 4 1

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME in -

stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH WORLD 6 5 , 1984
17 HEREBY CERTIFY, That I attended the deceased from
that I last saw h alive on
and that death occurred on the date stated above, atm.
The CAUSE OF DEATH * was as tollows:
***************************************
(Duration) yrs. mos 5 ds.
Contributory Decelety
Secondary
(Duration) A yrsde.
(Signed) Tolors there M. D.
3/5) 192 (Address) Salesburg
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of deathyrsmosds. Stateyrsmosds.
Where was disease contracted,
it not at place of dea h?
it not at place of dea h? Former or usual residence
it not at place of dea h?
th not at place of dea h?
it not at place of dea h?

(Approved by U. S. Census and American Fublic Health Association.)

business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Loy laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or I'lanler, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Solesmon, (b) Grocery, eman, (b) Automobile factory. The material specifically the occupations of persons en-Locomolive engineer, As examples: (o)

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N. B.

PLACE OF DEATH	03706 STATE OF MARYLAND
County Williams	© CERTIFICATE OF DEATH
	Registration Dist. No. 333
Village of City Sila on (No.	St.: Ward) (If death occurred in a hospital or institu-
gaspie L.	tion, give its NAME instead of street and
2FULL NAME O OMJUT WA	ile (SULL VOU) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED	16 DATE OF DEATH March. 12 . 198/
In ale Wilsowed OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
march 12, 1931	Much /2 192/ . to March /2 , 192/ ,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE O III LESS than	and that death occurred on the date stated above, at
Still yrs. Borrass. Ods. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion)yrenoede.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Transcription CO.	Secondary
10 NAME OF	(Sirned) TO TO TO M. D.
FATHER Tasker L. White	(Signed) M. D.
OF FATHER	
OF FATHER (State or country)  12 MAIDEN NAME  OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother matter m. Bonno	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) Macounes Co.	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informator, Jasher L. White	usual residence
(Address) & alisbury R.D.	Silvan Conterp march 12,1931
15 Filed Mich 12,19231. Dr. May Turner	The Hill & Tolmery on Salishing me
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Botts., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pre-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrofever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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APR 4

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Statement of Cause of Death—Name, first, the DEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospie of the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

MAmerican Medical Association.) stated unless important. use of "Tumor" for malignant neoplasms); Measles inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved by Committee on tetanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Inanition," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by roilwoy troin or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease "Atrophy," "Collapse, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need "," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease " "Coma, etc. volvular heart diseose; Nomenclature of the The contributory ," "Convulsions, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S. No.

N. B.

PHYSI-

PLACE OF DEATH	STATE OF MARYLAND
County Wie Dulier	CERTIFICATE OF DEATH
County	Registration Dist. No. 233
Village or City I Olishum Ind You	. I and for the Mild death occurred in a hospital or institution, give its NAME in stend of street and published.
PERSONAL / ND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 3 - 193 \ (Nonth) - (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year	
7 AGE III LESS than	and that death occured on the date stated above, at
yrs. mos. ds or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	July Dow
(b) General nature of industry	
business, or establishment in which employed cr (employer)	(Duration)yrs
9 BIRTHPLACE (State or country)	Contributory Secondary  Duyation)
FATHER Corry Williams	(Signed) M. D.
OF FATHER  (State or country)  Quantity	*St., te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother and & Dive	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Informanion Hilkuron	19 PLACE OF BURIAL OR REMOVAL MATE OF BURIAL Parens Cem Mar 23, 143/
15 Filed 3/24 131 / May Turney	Hollowert Co Salisty Ad
If more banks are needed, addrosa State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very im ortant, so that the relative health. Statement of Occupation-Precise statement of ocer," et:., without more precise specification as Day worked on may form part of the second statement. Never return". Laborer, ""Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an Physician, Compositor, Architect, state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, or At Home, For many occupations a single word or term on Farm laborer, yrs). (b) Cotton mill; (a) For persons who have no occupation (b) Automobile factory. The and children, not gainfully em-Laborer-Coal mine, etc. Wom-At home. Care should be taken Salesman. Locomotive engineer, But in many (b) material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,")

4

If this certificate is Locked over thoroughly and all questions answered in detail, it will prevent further correspondence. A.Ithe white is essential and must be obtained before the certificate is appropriate the first property of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the certificate is a second or the certificate of the American Medical Association.) stated unless important. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septieaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage "Uraemia," "Weakness," etc., when a definite disease causing (secondary or intercurrent) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of as fracture of skull, Examples: A ceidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature cough; ("Congenital," "Senile," ctc.), "Dropsy, on," "Heart failure," "Haemorrhage, Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; affection need not be as

### REVISED CERTIFICATE UNITED OF DEATH STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of the . If retired from gaged in dome tic service for wages, as Sevent, Cook Housemaid, et . If the occupation has been changed **Spriner**, (b) Cotton will; (a) Sulesman, (b) Grocery, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation - Prefire statement of ocwhatever, write None. business, that 'act may be indicated thus; Farmer'r or given up on account of the others I avested DEATH to report specifically the occupations of persons enployed, as At school, or to have. Cure should be taken definite salary , may be entered as Hou crife, Househousehold only inot paid House receive a en at home, who are engaged loborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Civil engineer, Physician. For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer Laborer Coul mous, etc. Womis very important, so that the relative healthwithout more precise specification as Day Compositor, For persons (b) Automobile factory. The Stationary firement, etc. But in If the occupation has been change, Architec\* who have no occupation in the duties of the The quesengineer, many

spinal meningiti " Do him ed term for the same die .c. E. ample : Corcbrospinal EASI CAULING DEATH the prim ry affection with respect Statement of Cause of Death-Name, first, the Di time and causation, using always he and accept-(the only definite synonym is 'Fridemic cerebropneumonia, Brouchop avoid up of 'Croup Pneumonia"); "Pneumonia,

> "Ethaustion," "Heart "Old Age," "Old Age, as fracture of skull, and consequences ie. g., sepsis, intante property be not built the head of contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.:, "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse." "Coma," "Convulsions, causing death, 29 ds.; Branchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" approved by (Recommendations on statement of cause of carbolic acid probably specide. State cause for which surgical operation was "PUERPERAL coplianemia." Chronic interstitial neghritie. Whooping cough unqualified, is indefinite; Tuberculosis of lungs, menoccident, Recover wound of head-lomicide; Poi and by Examples: Acciden al drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases tions, such as "Asthenia, American Medical A so lation. secondar. Perdondeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as erationality," etc. or intercurrent) Committee on for malignant neoplasus); as the cause. Always qualify all "" "Ansemia" merely symptom-Then ture of the injury, affection need etc. The contributory Nomenclature etc., "Dropsy, heart Measles; discase not be etc., of underdeath

answerdin detail, it will provent further correst detail is essential and must be obtained before permanently fied.

BUR this sental and mut be obtained before the certificate is certificate is looked over thoroughly and al qu stions

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County TVCCMIC Registration Dist. No. 337 (If death occurred in Ward) a hospital or institucate tion, give its NAME i stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE 3 SEX 16 DATE OF DEATH WIDOWED. OR DIVORCED (Write the word) (Month) (Day) 6 DATE OF BIRTH HEREBY CERTIFY, That I attended the deceased from (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .... I day hrs. The CAUSE OF DEATH \* was as follows; ds. or min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 6 mos..... 1D NAME OF FATHER 0 II BIRTHPLACE OF FATHER CAUS \*State the Disease Causing Death, or, in EZ. (State or country) Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. 12 MAIDEN NAME d OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-State ients or Recent Residents) CCU 13 BIRTHPLACE At place of death. In the OF MOTHER \_\_\_\_\_yrs.......ds. (State or couracty) should ent of O Where was disease contracted, 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of death? ..... Every item CIANS sho statement c usual residence If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know 'a) the kind of work and also (b) the nature of the business or industry, and therefore an should is used only when needed. additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective or fulness of various pursuits can be known. Statement of Occupation - Precise statement of ocstate occupation at begin in g of illness. If refired from gaged in domestic service for wage, as Somuni, Cool, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Howevile, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Deal-Spinner; (h) (otton Civil engineer, the first line will be ufficient, e.g., Farmer or Planter, Physician, Compositor, Architect Locametre engineer, whatever, write None. business, that fact may be indicated thus; Ramer (reor given up on account of the DISTASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, household only not paid Housekeepers who receive a en at home, (a) Foreman, .(b) Automobile fictors. The For many occupations a single word or term on Farm laborer. yrs). For persons who have no occupation U. without more precie specification as Day Compositor, very im, ortant, to that the relative healthwho are engaged in the duties of the or . It had. Can should be taken Laborer As examples: (a) mine, etc. Wom-But in many materia

Statement of Cause of Death—Name, first, the DISEALL CAU ING DEATH the primary affection with respect, to time and causation, using always the lane acceptate determ for the same disease. Examples: Corbrospinal fever (the only definite synonym is "Fpidemis cerebross; inal meningiti"; Linkly on the law of "Croup"); Typhoid Jever never report "Typhoid Pneumonia,"; Lobar pneumonia, Browdopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhege,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(Recommendations on statement of cause of as fracture of skull, and consequences e.g., sepsis, tetamus) may be stated under the head of "contributory" accident; Revolver wound of head-homicide; State cause for which surgical operation was under-"PUERPERAL septicuemia," "PUERPERAL perilonibis, diseases resulting from childbirth or miscarriage as causing (secondar: Whooping. cough; unqualified, is indefinite; Tuherculosis of lungs, menapproved carbolic acid or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, Chronic interstitial nephritis, American Medical Association. Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse." "Coma," "Convulsions, peritona um, etc., Careinoma, Sarcoma, etc., of "Tumor" death, 29 ds.; Bronchopneumonia (secondary), FOR VIOLENT DEATHS state MEANS OF INJURY ascertained name origin; "Cancer" is less definite; avoid by Committee on Nomenclature -probably uside. Then ture of the injury, or intercurrent for malignant neoplasms); Measles; as the cause. (Thronic affection need vulrular heart The Always qualify all contributory Poisoned by discase;

If this certi-cate is loted over thoroughly and all quistions answered in detail, it will'prive at further correspondence. All the data is ease tall and must be obtained before the certificate is permanently filed.

BUREAU

V. B.

V. S. No. 1

5	IAIE	OF MAR	YLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEAT	TH .			(1)7 a)
CountyWicc				Registration Dist. No. 330
Village or CityN_	er Marc	lela	(I	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long In U. S. if of foreign birth?yrsmosds.
			LCI_YIS,IIIO	
2. FULL NAME E		-		
(a) Residence: No	Maras	(Usual place	of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AN		ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female Wh	r or race		RIED, WIDOWED, D (write the word) W 3 d	21. DATE OF DEATH  Mar IZ 193 193  (Month) (Day) (Year)
5a. If marriad, widowad, or divo HUSBAND of (or) WIFE of Beuc	hamp Wi	right		22. I HEREBY CERTIFY, That I attended decaased from  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
6. DATE OF BIRTH (month, day	, and year)	Dec 7	1346	I last saw h et aliva on Must 11 , 1931 ; daath is sald
7. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 1.04m.
84	4	5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or pa kind of work done. SAWYER, BOOKKEE 9. Industry or business in work was done, as S SAW MILL, BANK, a	as SPINNER, PER, atc	Housawi t home		Broncks Theirmong
SAW MILL, BANK, a  10. Date deceased last wor this occupation (mor year)	ked at	11. Total ti spai	me (years) nt in this pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Delawa	are		
13. NAME Ephr	iam Kno	owles		
13. NAME Rohm  14. BIRTHPLACE (city or to (State or country)	wn)	adaware		Name of operation Date of Was there an autopsy? 210
15. MAIDEN NAME	ary Bra	adley		23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mary Bradley  16. BIRTHPLACE (city or town) Mary land (State or country)				Accident, suicide, or homicide?
17. INFORMANT Gert (Address) Hah	rude Ph			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR R	EMOVAL			Manner of Injury
Placa Mardel	.a	Date Mar.	14 1931	Nature of Injury
15. UNDERTARER	Graveno	or & Bro	) e	24. Was disease or injury In any way ralated to occupation of dacaasad?
20. FILED 3/14 , 1	9 Jun 6	arms	Registrar.	(Signed) St. St. Selman M. D. (Addrass) Sharploron Rus.
	If more	blanks are needed, a		2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V S. No. 1

	03712
PLACE OF DEATH	STATE OF MARYLAND
County Weller	CERTIFICATE OF DEATH
WITHIN SE CONTRACTOR OF	Registration Dist. No. 333
Village or City Dalabum (No.) 19	a hospital or instition, give its NAME stead of street a
Still born	and the
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 - 2 - , 1931
5 DATE OF BIRTH	(Month) (Day) (Year).
3-2- 1931	, 192, 192, 192
(Month) (Day) (Year)	that I last saw halive on, 192
AGE    If LESS than   I day hrs.   or min.?	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	All time
particular kind of work	
(b) General nature of industry -business, or establishment in	(Duration)yrsmos
which employed or (employer)	Contributory
State or country)	Secondary
1 10 NAME OF TO	(Mation) (Mation) mos.
FATHER I See Wingles.	(Signed)
II BIRTHPLACE OF FATHER	[Address] Musty
OF FATHER (State or country) land and.  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Junie Shuble	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Tra-
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country)	of deathyrsmosds. Stateyrsmos
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Lenay eneral Rospitat	Former or usual residence
(Address) Salisbury, Ind.	In PLACE OF BURIAL OR REMOVAL PATE OF BURIAL STRUCTURE 3, 190
15 M. P 2 21 (M)	20 UNDERTAKER acting ADDRESS
Filed Men 1901, Voltag Jumi	Tohn Kright Trulland

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return "Laborer," "For man," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. ," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womknow (a) the kind of work and also (b) the without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation person, irrespective of Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospiral fever (the only definite synonym is "Epidemia cerebrospiral meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

BUREAU

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, st.ted unless important. Example: Measles (disease approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia;" "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "E:haustion," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.